



MONMOUTHSHIRE COUNTY COUNCIL



PUBLIC HEALTH
REPORT
FOR THE YEAR 1924.

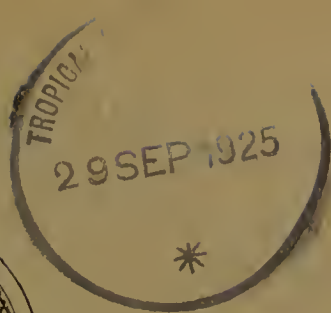
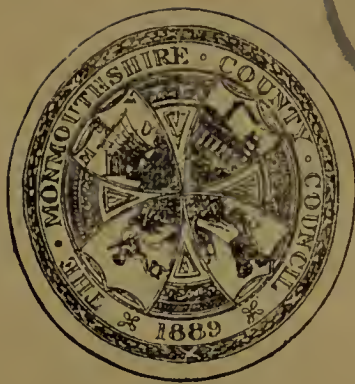


D. ROCYN JONES,

C.B.E., M.B., D.P.H.,

County Medical Officer.

THE COUNTY HALL,
NEWPORT, MON.
26th AUGUST, 1925.



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REVIEW

OF THE

GENERAL SANITARY CONDITIONS

OF THE

COUNTY OF MONMOUTH

FOR THE YEAR 1924.

SCOPE OF THE REPORT.

Under the Sanitary Officers Order, 1922, County Medical Officers of Health have been relieved of the obligation to include in their Annual Reports a digest of Reports made by Medical Officers of Health for the various Urban and Rural Districts within the County.

The Annual Reports for the year 1924, of the District Medical Officers of Health are the fourth of the series of " Ordinary " Reports. Reports of a full and detailed character, known as " Survey " Reports being required by the Ministry of Health at intervals of not less than 5 years. The Annual Reports for the year 1925 will be " Survey " Reports, when a comprehensive review under the following headings will be made:—

- (a) the measure of progress made in the area during the preceding five years in the improvement of the public health;
- (b) the extent and character of the changes made during that period in the public health services of the area (e.g., housing, water supply, sewerage, scavenging and refuse disposal, food inspection, or other services affecting the environment of the inhabitants; and schemes for the treatment of Tuberculosis and Venereal Diseases, provision of

Isolation Hospitals, or other services directed to the prevention or cure of disease in individuals);

- (c) any further action of importance in the organisation or development of public health services contemplated by the Local Authority or considered desirable by the Medical Officer of Health.

The County Annual Report has for the year 1924, been arranged in accordance with the requirements of the Minister of Health as set out in a Circular dated 5th January, 1925.

GENERAL STATISTICS.

Area (acres) 345,048.

Population (1921 Census) 358,436.

Do. (Estimated 1924) 374,340.

Number of structurally separate dwellings occupied (1921), 66,925.

Number of private families (1921), 75,898.

Rateable value, £1,791,896 18s. 1d.

Sum represented by a penny rate, £6,835 9s. 5d.

VITAL STATISTICS.

BIRTHS:—The total number of births registered in the Administrative County during 1924, was 8,368, made up as follows:—

	Legitimate		Illegitimate		Total		Grand Total
	Male	Female	Male	Female	Male	Female	
Urban Districts ...	3776	3507	112	98	3888	3605	7,493
Rural Districts ...	432	409	9	25	441	434	875
Total ...	4208	3916	121	123	4329	4039	8,368

In 1923, there were 8,737 births; in 1922, 8,805 births; in 1921, 10,312 births; in 1920, 10,779 births; in 1919, 8,487 births; in 1918, 8,948 births; in 1917, 8,402 births; in 1916, 8,848 births; in 1915, 10,194 births; in 1914, 9,455 births. The birth rate for 1924 is 22.3 per 1,000 persons living. In 1923, the

rate was 23.5; in 1922, 23.8; in 1921 28.3; in 1920, 29.2; in 1919, 22.9; in 1918, 24.8; in 1917, 23.1; in 1916, 25.7; in 1915, 28.59; in 1914, 30.2.

For the Urban Districts of the County the birth rate was 22.9 per 1,000 for 1924, and for the Rural Districts 18.5, compared with 24.2 and 19.2 respectively for 1923, and 24.6 and 18.8 for 1922.

There is again a decrease in the birth rate as compared with that of the preceding year.

The number of births of illegitimate children was 244, which gives a rate of 29.2 per 1,000 of the total births and .65 per 1,000 of population. Last year the number was 274, equal to 31.4 per 1,000 births and .74 per 1,000 population. For the year 1922, the figures were 303, equal to 34.4 per 1,000 births, and .8 per 1,000 population.

The birth rate for England and Wales was 18.8

DEATHS:—The total number of deaths registered in the Administrative County, as shown in the Registrar-General's table, was 3,962, as compared with 3,860 in 1923, 4,238 in 1922, 4,107 in 1921, 4,379 in 1920, 4,171 in 1919, 4,943 in 1918, 3,822 in 1917, 4,979 in 1916, 5,063 in 1915, and 4,356 in 1914.

The general death rate, calculated upon the estimated population of 374,340 works out at 10.6 per 1,000 living. In 1923 the rate was 10.4; in 1922, 11.4; in 1921, 11.3; in 1920, 11.9; in 1919, 11.7; in 1918, 15.3; in 1917, 11.7; in 1916, 12.9; in 1915, 15.3; and in 1914, 12.8. For the Urban Districts the rate for 1924, was 10.5, and for the Rural Districts, 11.1.

The death rate for the year is .2 above that of last year, which was the lowest on record.

The death rate for England and Wales was 12.2.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY.

Causes of Death.	All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and up- wards.
All Causes	3962	633	120	150	145	237	510	915	1252
Enteric Fever	9	...	...	...	...	4	3	2	...
Small Pox	...	...	...	...	...	...	...	...	...
Measles	13	3	6	3	1	...	...	...	...
Scarlet Fever	11	...	1	5	4	...	1	...	...
Whooping Cough	27	9	10	6	2	...	...	...	...
Diphtheria	36	3	2	18	11	...	1	1	...
Influenza	155	11	3	8	4	7	26	47	49
Encephalitis Lethargica ..	14	...	...	...	6	3	2	3	...
Meningococcal Meningitis	1	...	...	...	1	...	...	...	...
Tuberculosis of the Respir- atory System ..	256	1	2	2	11	96	97	39	8
Other Tuberculous Diseases	75	7	4	7	24	16	11	4	2
Cancer, Malignant Disease	313	...	...	1	1	3	31	146	131
Rheumatic Fever	18	...	...	1	6	3	4	3	1
Diabetes	29	...	...	1	...	5	4	12	7
Cerebral Hæmorrhage, etc.	230	...	...	1	1	2	7	80	139
Heart Disease	440	...	...	...	8	15	55	163	199
Arterio-sclerosis	83	...	...	...	...	...	2	22	59
Bronchitis	359	52	7	7	3	3	11	78	198
Pneumonia (all forms) ...	342	97	52	29	8	10	41	48	57
Other Respiratory Diseases	76	5	4	2	1	2	11	27	24
Ulcer of Stomach or Duodenum	31	...	...	...	...	...	17	11	3
Diarrhœa, etc.	65	35	13	4	1	...	2	4	6
Appendicitis and Typhlitis	22	...	...	2	6	3	4	5	2
Cirrhosis of Liver	13	...	...	...	...	...	1	9	3
Acute and Chronic Nephritis	78	...	1	2	4	6	22	27	16
Puerperal Sepsis	10	...	...	...	...	1	9	...	...
Parturition, apart from Puerperal Fever	23	...	...	...	...	3	20	...	...
Congenital Debility, etc. ...	278	275	1	2	...	...	...	...	...
Violence, apart from Suicide	175	4	1	13	18	30	41	49	19
Suicide	23	...	...	...	...	...	9	14	...
Other Defined Diseases ...	752	131	13	35	24	25	77	119	328
Causes ill-defined or unknown...	5	...	...	1	...	...	1	2	1

With the exception of the big increases in the numbers of deaths from Influenza, Pneumonia, Bronchitis and other Respiratory Diseases, the reports of the District Medical Officers of Health do not show that there was any unusual or excessive mortality during the year.

A marked decrease in the figures for Measles and Whooping Cough is recorded, but as epidemics of these diseases invariably occur every two years, 1925, will probably be a bad year for them. The number of deaths from Cancer remains at the high figure which has characterised recent years.

INFANTILE MORTALITY:—The total number of deaths under one year of age throughout the Administrative County was 633; 577 in the Urban Districts, and 56 in the Rural Districts.

The rate per 1,000 births was 75.6, which is 2.6 higher than last year's rate.

In the Urban Districts the rate was 77.0 per 1,000 births, and in the Rural Districts 64.0 per 1,000 births.

In 1923 the Infantile mortality rate was 73.0, in 1922, 83.4; in 1921, 91.5; in 1920, 87.9; in 1919, 88.0; in 1918, 97.6; in 1917, 84.3; in 1916, 88.4; in 1915, 128.5; in 1914, 106; in 1913, 115; in 1912, 105; in 1911, 149; in 1910, 112; in 1909, 104; in 1908, 142 per 1,000 births.

The rate for England and Wales is 75.

The Infantile Mortality Rate has risen slightly from the previous year's figure, which was the lowest recorded for the County. It is very little above the rate for England and Wales, but it is still around the comparatively low mark which has been general since the County Maternity and Child Welfare Scheme came into existence. The average rate for the 25 years, 1891-1915, was 137.4. The average for the nine years, 1916-1924, was 85.6.

The number of deaths of illegitimate children under one year of age was 27, or 3.23 per 1,000 of all births, and 110.7 per 1,000 of illegitimate births. Last year the number of deaths was 27, or 3.09 per 1,000 of all births, and 98.5 per 1,000 of illegitimate births.

The measures used within the County for purposes of reduction of Infantile Mortality are fully dealt with in the Report upon Maternity and Child Welfare for the year 1924, which has already been published and presented to the Council.

Number of deaths occurring during certain age periods in children under one year of age:—

	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
Urban Districts	160	66	26	10	262	104	75	68	61	570
Rural Districts	25	4	5		34	7	5	3	8	57
	185	70	31	10	296	111	80	71	69	627

N.B.—The figures in the foregoing table were supplied by the District Medical Officers of Health.

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CAUSES OF DEATH OF CHILDREN UNDER ONE YEAR OF AGE.

Causes of Death.	No. of Deaths.			Rate per 1000 Births—Administrative County
	Urban Districts.	Rural Districts.	Administrative County.	
Infectious Diseases ...	15	—	15	1.8
Diarrhoeal Diseases ...	35	—	35	4.2
Wasting Diseases ...	240	35	275	32.9
Respiratory Diseases ...	147	7	154	18.4
Tubercular Diseases ...	7	1	8	1.0
Other Causes ...	133	13	146	17.4
Totals ...	577	56	633	75.6

MATERNAL MORTALITY:—The number of women dying in, or in consequence of childbirth during the year was 31, 9 from Puerperal Fever, and 22 from other causes. This is equal to a rate of .37 per hundred births.

VITAL STATISTICS—ENGLAND AND WALES.

The Vital Statistics for England and Wales for the year 1924, compiled by the Registrar-General, are as in the subjoined table. The Monmouthshire figures are given for the purpose of comparison.

	Birth Rate per 1,000 of population.		Death Rate per 1,000 living.		Deaths under one year per 1,000 births.	
	1924	(1923)	1924	(1923)	1924	(1923)
ENGLAND & WALES ...	18.8	(19.7)	12.2	(11.6)	75.	(69.)
105 County Boroughs and Great Towns, including London ...	19.4	(20.4)	12.3	(11.6)	80.	(72.)
157 Smaller Towns (1921 adjusted populations, 20,000—50,000) ...	18.9	(19.8)	11.2	(10.6)	71.	(69.)
London ...	18.7	(20.2)	12.1	(11.2)	69.	(60.)
MONMOUTHSHIRE ...	22.3	(23.5)	10.6	(10.4)	75.6	(73.)

In all cases the estimated populations as supplied by the Registrar-General have been used for the purposes of this table.

NOTIFIABLE DISEASES.

The following is a summary of the weekly notifications received during the year from the Local Medical Officers, arranged under the respective headings for each Urban and Rural District:—

DISTRICTS	Estimated Population, 1924 for estimating notification rate	Scarlet Fever.	Diphtheria.	Enteric Fever.	Pneumonia.	Pulmonary Tuberculosis	Other Tubercular Diseases.	Erysipelas.	Puerperal Fever.	Cerebro Spinal Fever.	Acute Polymyelitis.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Malaria.	Polio-Encephalitis	Chicken Pox
URBAN.																
Abercarn ...	21,140	75	48	...	1	2	...	1	1	...	...	2	...	...	...	16
Abergavenny (Borough) ...	9,123	12	1	3	...	2	...	1	...	...	...	1	...	...	...	5
Abersychan ...	29,010	47	24	...	...	8	3	1	...	...	...	...	...	...	...	...
Abertillery ...	39,520	119	101	7	16	43	19	5	3	...	...	4	...	...	...	53
Bedwas and Machen ...	9,380	30	8	...	35	33	6	3	...	1	1	...	2	...	...	2
Bedwellty ...	33,610	25	62	...	15	22	10	2	1	...	...	2	3	2	...	28
Blaenavon ...	13,120	2	10	...	12	9	...	3	...	...	...	...	1	...	...	99
Caerleon ...	2,307	1	...	1	3	1	...	1	...	...	...	...	...	...	...	2
Chepstow ...	5,140	5	2	2	2	2	...	...	...	...	...	2	...	...	...	...
Ebbw Vale ...	37,110	70	46	3	26	67	33	26	...	...	1	2	...	...	...	41
Llanfrechfa Upper ...	4,908	13	1	...	6	2	...	1	...	2	...	...	1	...	1	17
Llantarnam ...	790,6	5	10	...	13	2	1	2	3	...	...	...	2	...	...	40
Monmouth (Borough) ...	5,032	3	10	...	...	9	1	1	1	...	...	...	...	...	...	7
Mynyddislwyn ...	15,830	28	10	...	1	12	2	1	2	...	1	...	...	...	...	...
Nantyglo and Blaina ...	16,950	127	2	19	77	22	3	2	...	...	...	2	13	...	...	69
Panteg ...	11,560	5	3	1	...	...	...	...	...	...	...	...	...	...	...	7
Pontypool ...	7,489	7	2	...	...	1	...	1	...	...	...	...	...	...	...	...
Rhymney ...	12,310	11	58	1	...	11	12	6	1	...	...	...	...	...	...	46
Risca ...	17,750	18	79	1	...	25	1	...	1	...	...	...	1	...	...	57
Tredegar ...	26,380	9	25	1	51	47	10	9	2	...	1	...	3	...	...	87
Usk ...	1,425	2	...	...	...	...	...	1	...	...	...	1	1	...	...	2
Totals	327,000	614	502	39	258	320	103	68	15	3	4	16	40	2	1	578
RURAL.																
Abergavenny ...	9,386	17	1	1	...	4	...	1	...	...	...	...	...	...	...	...
Chepstow ...	8,874	3	2	...	...	5	...	1	...	...	...	...	...	...	...	...
Magor ...	5,707	7	2	...	3	2	...	...	...	...	...	...	...	...	...	...
Monmouth ...	6,672	9	1	...	...	4	...	...	...	...	...	...	...	...	...	5
Pontypool ...	5,451	4	1	...	1	4	3	...	...	...	...	1	...	...	...	74
St. Mellons ...	11,250	14	5	2	7	10	3	3	...	...	...	1	...	...	...	3
Totals	47,340	54	12	3	11	29	6	5	...	...	...	2	...	...	...	82
Grand Totals	374,340	668	514	42	269	349	109	73	15	3	4	18	40	2	1	660

The number of cases removed to Hospitals, and the number of deaths from infectious diseases, were as follows :—

DISTRICT	CASES REMOVED TO HOSPITAL										DEATHS																
	Diphtheria	Small Pox	Erysipelas	Scarlet Fever	Tuberculosis	Ophthalmia Neonatorum	Cerebro-Spinal Fever	Acute Poliomyelitis	Enteric Fever	Puerperal Fever	Chicken Pox	Pneumonia	Encephalitis Lethargica	Diphtheria	Small Pox	Erysipelas	Scarlet Fever	Tuberculosis	Ophthalmia Neonatorum	Cerebro-Spinal Fever	Acute Poliomyelitis	Enteric Fever	Puerperal Fever	Chicken Pox	Pneumonia	Encephalitis Lethargica	
Urban—																											
Abercarn	...	...	1	7	...	...	...	...	...	...	...	...	1	5	...	...	6	...	...	...	...	...	...	...	...	34	2
Abergavenny	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	4	...
Abersychan	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	2	...	...	25	...
Abertillery	15	...	...	40	...	...	...	...	3	...	...	...	...	3	...	...	4	...	...	...	...	...	...	...	...	49	3
Bedwas and Machen	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	14	...
Bedwellty	53	...	...	18	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	38	...
Blaenavon	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	3	1
Caerleon	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Chepstow	2	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	6	2
Ebbw Vale	40	...	...	...	...	...	...	...	4	...	...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	38	1
Llanfrechfa Upper	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Llantarnam	9	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...
Monmouth	7	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	4	...
Mynyddislwyn	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17	...
Nantyglo and Blaina	...	...	...	...	...	...	...	...	19	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12	...
Panteg	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	9	1
†Pontypool	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...
Rhyney	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	18	...
Risca...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	10	1
†Fredegar	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	19	...
Usk	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rural—																											
Abergavenny	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Chepstow	...	...	...	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...
Magor	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...
Monmouth	1	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...
†Pontypool	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2
St. Mellons	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10	1
Totals	133	...	1	80	...	...	...	...	27	...	...	1	1	36	...	...	11	...	...	...	...	9	10	...	342	14	

† Returns not received.

Analysis of the Total Cases and Deaths according to the Age Groups.

CASES NOTIFIED.														DEATHS.														
Disease	AGE GROUPS.													Total all ages over	AGE GROUPS.													Total all ages over
	Under 1 year	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and over	Under 1 year		1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and over			
Diphtheria	7	15	21	45	74	169	115	34	46	17	9	2	554	4	2	5	5	9	8	1	1	1	...	1	...	37		
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Erysipelas	2	...	...	...	1	1	...	3	8	6	47	6	74	...	...	...	...	...	...	...	...	...	...	...	...	...		
Scarlet Fever	4	15	55	82	107	263	102	36	24	7	1	...	696	...	...	...	1	2	3	1	...	...	1	...	...	9		
Tuberculosis	6	4	6	3	13	75	55	63	158	61	49	3	496	6	6	1	...	3	9	15	40	71	31	29	3	214		
Ophthalmia Neonatorum	39	...	...	...	...	...	...	...	...	...	...	...	39	...	...	...	...	...	...	...	...	...	...	...	...	...		
Cerebro Spinal Fever	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...		
Acute Poliomyelitis	...	...	1	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...		
Enteric Fever	...	...	...	...	1	3	10	5	10	2	5	...	36	...	...	...	...	...	...	...	1	3	2	1	...	3		
Puerperal Fever...	...	...	...	...	...	...	...	1	9	3	...	...	13	...	...	...	...	...	...	...	...	...	...	...	...	5		
Polioencephalitis	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...		
Pneumonia	38	41	28	22	19	20	9	8	28	15	36	9	273	67	42	11	12	3	6	5	11	12	18	22	29	238		
encephalitis Lethargica	...	...	...	...	...	4	4	3	4	3	4	...	22	...	...	...	...	...	3	1	1	2	...	1	...	8		
Chicken Pox	33	59	56	69	135	112	98	10	5	...	1	...	578	...	...	...	...	...	...	...	...	...	...	...	...	...		
Totals	129	134	167	221	351	648	393	163	293	114	152	20	2785	77	51	17	18	17	29	23	54	90	52	54	32	514		

N.B.—The Deaths in the Tredegar Urban Districts are not included in the above, as they were not to hand at the time of going to press with this report.

ISOLATION HOSPITALS.

The following are the Isolation Hospitals at present in the County :—

Abergavenny Joint Hospital, Llanfoist (owned jointly by the Abergavenny Town Council and Abergavenny Rural District Council)					...	...	2 wards, 12—33 beds
Abertillery Urban Hospital, Coedcaeddu					...	...	2 „ 12—14 „
Bedwellty Urban Hospital, Coedmoeth					...	...	6 „ 55 „
Chepstow Joint Hospital, St. Arvans (owned jointly by Chepstow Urban and Rural District Councils)					5	„	20 „
Ebbw Vale Urban Hospital, Beaufort					...	...	5 „ 10—12 „
Monmouth Borough Hospital, Buckholt					...	...	3 „ 10—12 „
Nantyglo and Blaina Urban Hospital, Coalbrookvale					3	„	5—7 „
Tredegar Urban Hospital, Ash Vale, Nantybwech					...	2	„ 20 „

The installation of electric lighting has greatly improved the Bedwellty Urban Hospital.

Cases from Abercarn, Bedwas and Machen, Caerleon, Llanfrechfa Upper, Llantarnam, Panteg, Risca and Usk Urban Districts, and Magor, Pontypool and St. Mellons Rural Districts are admitted to the Newport Borough Isolation Hospital, Allt-yr-yn, Newport, when accommodation is available, but in the reports of the majority of these districts comment is made upon the difficulty of securing adequate facilities at that Institution. The charge in such instances to the Local Authority concerned is about £3 3s. 0d. per case per week.

In the Rhymney Urban District an ordinary dwelling house is being utilised for infectious cases.

Overcrowded dwellings render home isolation increasingly difficult and facilities in the Administrative County for the isolation of the infectious sick are still totally inadequate. Several of the Isolation Hospitals now in use are unsuitable for the purpose. Increased accommodation is required at Abertillery, and joint conferences have been held with the Urban Authorities of Brynmawr and Nantyglo and Blaina.

At a Public Enquiry convened by the County Council on the 3rd October, 1921, which was attended by representatives of practically all the Urban and Rural District Councils in the County, the urgent need of a County Scheme for the provision of Isolation Hospital accommodation for the County was established, but the Commissioners reported that, while they were convinced of the necessity of such a scheme, they were unable to recommend that any Order should then be made having regard to the financial position of the County.

ZYMOTIC DISEASES.

The seven principal Zymotic Diseases are Small-pox, Measles, Scarlet Fever, Diphtheria (including Membranous Croup), Whooping Cough, Fever (including Typhus, Enteric, and Continued Fevers), and Diarrhoea.

These diseases caused 144 deaths and gave a Zymotic death rate of .38 for the County, as compared with a rate of .85 for the year 1923, .46 for 1922, .94 for 1921, 1.15 for 1920, .61 for 1919, 1.26 for 1918, .96 for 1917, .72 for 1916, 1.05 for 1915, 1.73 for 1914, 1.29 for 1913, 1.86 for 1912, 2.5 for 1911, 1.22 for 1910, .87 for 1909, 1.5 for 1908, for the County.

Table showing death rate and attack (notification) rate of Zymotic Diseases in the County of Monmouthshire during the year 1924.

Population for death rate and attack (notification) rate, 374,340.

Disease.	No. of Deaths.	Death Rate per 1000 of population.	No. of notifications.	Attack Rate per 1000 of population.	England & Wales death rate per 1,000 of population.
Small Pox	...	...	...	...	.00
Measles (including German Measles)	13	.03	Not notifiable	...	.12
Scarlet Fever	11	.03	668	1.78	.02
Diphtheria (including Membranous Croup)	36	.1	514	1.37	.06
Whooping Cough	27	.07	Not notifiable	...	.10
Fever (including Typhus, Enteric and Continued Fevers)	9	.02	42	.11	.01
Diarrhoea (under two years of age)	48	.13	Not notifiable	...	...
Totals	144	.38	*1224	*3.27	...

* Notifiable Diseases only.

COMPARISON OF INFECTIOUS DISEASES DEATH RATES IN MONMOUTHSHIRE.

	Measles and German Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Typhoid.
Average for years 1907-1913 inclusive ...	.43	.07	.92	.13	.09
1914	.47	.13	.12	.17	.03
1915	.71	.09	.33	.19	.03
1916	.04	.06	.21	.12	.04
1917	.30	.02	.11	.06	.079
1918	.53	.03	.30	.08	.02
1919	.003	.06	.28	.07	.03
1920	.51	.06	.16	.18	.01
1921	.02	.03	.17	.12	.01
1922	.03	.02	.17	.11	.01
1923	.41	.01	.22	.09	.01
1924	.03	.03	.07	.1	.02

MEASLES.

The number of deaths from Measles was 13, in the year 1923 the number was 152. In only one district was comment made, Pontypool Rural, where a mild epidemic was reported.

SCARLET FEVER.

Both the figures for notifications and deaths in respect of this disease show a slight increase over those for the preceding year. In Abercarn Urban a more severe type was met with, while in Panteg Urban and Pontypool Rural districts the mild nature is remarked upon. In the Abertillery area cases were mild from February to September, but towards the end of the latter month they were much more severe in character. The District Medical Officer reports that parents were mistaking the disease for influenza and medical advice was not sought. In Abergavenny Borough the incidence was below the average.

DIPHTHERIA.

While notifications of Diphtheria show a considerable increase the number of deaths was approximately unchanged. A severe epidemic occurred in the upper parts of the Abercarn area, while in the Tredegar Urban District there was a slight drop in the incidence of the disease, which, the Medical Officer states, is still too prevalent. In Abertillery the increase was associated with a severe epidemic of sore throats. Cases were generally of a mild type during September. The action of the Medical Officer of Health for Ebbw Vale undoubtedly lessened the incidence of Diphtheria in that district. On hearing that a hop-picker at Hereford had contracted the disease, he caused swabs to be taken from returning hop-picking parties, some 200 in all, and four carriers were detected. In the Llantarnam Urban district the disease became epidemic during the last quarter of the year. Overcrowding in houses very much aided its spread.

Supplies of Anti-toxin are available for practitioners from the Local Authorities.

ENTERIC FEVER.

The figures for the county show an increase in the number of deaths out of proportion to the increased number of cases notified. The outstanding feature was the outbreak in the Nantyglo and Blaina Urban District, resulting in nineteen cases being notified from that area, upon which a special Report was presented to the County Public Health Committee on 1st October, 1924.

Two cases notified from Tredegar Urban and one case each from the Abertillery and Ebbw Vale Urban districts were attributable to infection from Nantyglo and Blaina. In the Mynyddislwyn area a household contracted the disease from eating shell fish (mussels).

An instance of the need of effective isolation of cases of this disease is reported from Abertillery. The parents of an infected child preferred home nursing to hospital treatment, the consequences being that both parents also fell victims, the father dying.

DIARRHŒA AND ENTERITIS.

A slight increase is recorded in the death rate for the year under review. It is doubtful whether any marked improvement in the incidence in children for the first two years of life will be effected until a pure milk supply is available throughout the county.

In the Abertillery area handbills were distributed setting out preventive measures and emphasising the house-fly menace.

CEREBRO-SPINAL FEVER AND ACUTE POLIOMYELITIS.

Three cases of Cerebro Spinal Fever and four cases of Acute Poliomyelitis were notified, as compared with three cases of the last-named only for the previous year.

SMALL-POX AND VACCINATION.

It is pleasing to record that no cases of Small Pox were notified in the administrative county for the year 1924. While the outbreak of 1923 resulted in thousands of vaccinations, it is to be feared that the disappearance of Small Pox has meant a return to the apathetic attitude on the part of the public generally, which existed prior to the scare. The importance of vaccination, backed by memory of its efficacy in the recent widespread outbreak, cannot be too forcibly pressed.

CHICKEN-POX.

The notification of this disease was made compulsory throughout the County during the outbreak of Small Pox. Most districts have now suspended this emergency measure. Chicken Pox was epidemic for some portion of the year under review in Blaenavon, Panteg and Tredegar Urban, and Pontypool Rural districts, and appears to have been generally mild in type. One case of a suspicious nature was removed to the Small Pox Hospital at Cefn, from the Panteg area.

WHOOPIING COUGH.

In only two areas is Whooping Cough reported to have become prevalent, viz., Bedwas and Machen and Tredegar Urban districts. There is a marked decrease in the numbers of notifications and deaths over those for the year 1923.

ENCEPHALITIS LETHARGICA AND ACUTE POLIO-ENCEPHALITIS.

A regrettable increase in the occurrence of the diseases under this heading is to be noted. Out of nineteen cases notified by the Medical Officers of Health, there were fourteen deaths recorded. The notified cases occurred in Abercarn Urban, 2; Abergavenny Borough, 1; Abertillery Urban, 4; Blaenavon Urban, 2; Chepstow Urban, 2; Ebbw Vale Urban, 3; Panteg Urban, 2; Usk Urban, 1; Pontypool Rural, 1; and St. Mellons Rural, 1.

PUBLIC HEALTH (PNEUMONIA, MALARIA, DYSENTERY, Etc.), REGULATIONS, 1919.

The decrease in the number of deaths from Pneumonia which marked the year 1923, was not continued through the year under review, there being an increase of fifty-two for the Administrative County. There is a decrease of twenty-three in the number of notifications received, and in the absence of any comments as to any unusual severity of the cases, it is to be assumed that many medical practitioners are failing in their duty as regards the notification of this disease.

INFLUENZA.

A general severe epidemic as was experienced in 1922 again did not recur. Considerable epidemics in the early months of the year are reported from Abergavenny Borough and Abertillery Urban district. The Medical Officer for the latter area, states that the cases were particularly severe, especially so in elderly people. In the Magor Rural district the disease was prevalent, but not so extensively as in former years.

ERYSIPELAS.

No comment of importance is made by the various Medical Officers upon this disease.

CANCER.

The high death rate from Cancer, which of recent years has been the cause of much alarm to Local Authorities and the Public generally, resulted in a Memorandum for the guidance of Local Authorities being issued by the Ministry of Health in August, 1923, and this was followed by further Memoranda in March and May of 1924.

OPHTHALMIA NEONATORUM.

Forty cases of this disease were notified under the Public Health (Ophthalmia Neonatorum) Regulations, 1914. The disease is fully commented

upon in the County Maternity and Child Welfare Report for the year 1924.

Cases			Vision Unim- paired	Vision Impaired	Total Blindness	Deaths while under treatment, from causes other than Ophthalmia Neonatorum
Notified	Treated					
	At Home	In Hospital				
40	37	3	38	...	...	2

PUERPERAL FEVER.

During the year 1924, notifications were received from the District Medical Officers of 15 cases, while in the return of deaths furnished by the Registrar-General the number due to Puerperal Sepsis was 10. In the year 1923, 19 cases were notified with 9 deaths; in 1922, 11 cases notified with 14 deaths returned; in 1921, 17 cases notified with 12 deaths; in 1920, 24 cases notified with 20 deaths; in 1919, 19 cases notified with 11 deaths; in 1918, 6 cases notified with 3 deaths; in 1917, 4 cases notified with no death; while in 1916, 13 cases were notified, 8 being fatal. The notification rate per 1,000 births in 1924 was 1.79. The notification rate per 1,000 of population equalled .04, and the death rate per 1,000 of population .03.

Full details of the cases will be found in the County Maternity and Child Welfare Report for 1924, which has already been published.

TUBERCULOSIS.

During the year 349 cases of Pulmonary Tuberculosis were notified, and 256 deaths were registered. Of other forms of Tuberculosis 109 cases were notified and 75 deaths registered.

TUBERCULAR DISEASES.—Notification rate per 1,000 of population:—

Pulmonary Tuberculosis:—

1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924
2.45	2.3	2.47	2.26	1.9	1.27	.78	.86	1.05	1.18	.93

Other forms of Tuberculosis:—

.65	.68	.65	.51	.48	.37	.27	.21	.34	.51	.29
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

TUBERCULAR DISEASES.—Death Rate per 1,000 of population:—

1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924
------	------	------	------	------	------	------	------	------	------	------

Pulmonary Tuberculosis:—

.6	.80	.94	.82	.96	.77	.68	.7	.69	.65	.68
----	-----	-----	-----	-----	-----	-----	----	-----	-----	-----

Other forms of Tuberculosis:—

.23	.28	.26	.27	.27	.21	.19	.2	.18	.21	.2
-----	-----	-----	-----	-----	-----	-----	----	-----	-----	----

Summary of notifications by District Medical Officers of Health to the County Medical Officer, under the Public Health (Tuberculosis) Regulations, 1912, during the period 30th December, 1923, to the 3rd January, 1925.

Age Periods.	Number of Notifications on Form A.													No. of Notifications on Form B.				No. of Notifications on Form C.	
	Primary Notifications													Total notifications including cases previously notified by other doctors).					
	0 to 1.	1 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 & upwards	TOTAL.	Prim. Notifications				Total notifications including cases previously notified by other doctors).	Hospitals.	Sanatoria.
													Under 5.	5 to 10.	10 to 15.	TOTAL.			
Pulmonary—																			
Males	2	6	9	5	25	28	29	22	26	8	1	161	165	...	8	4	12	142	46
Females	...	3	6	16	25	28	38	21	11	5	1	154	157	...	6	11	17	158	28
Non-pulmonary																			
Males	1	6	11	3	10	6	3	1	2	...	...	43	44	...	9	3	12	43	1
Females	...	4	4	7	5	6	7	4	1	...	1	39	40	...	4	5	9	23	3
Totals	3	19	30	31	65	68	77	48	40	13	3	397	406	...	27	23	50	366	78

New Cases of Tuberculosis coming to the knowledge of the County Medical Officer during the period from the 30th December, 1923, to the 3rd January, 1925, otherwise than by notification on Form "A" or "B" under the Public Health (Tuberculosis) Regulations, 1912.*

Age Periods.	0-1.	1-5.	5-10.	10-15.	15-20.	20-25.	25-35.	35-45.	45-55.	55-65.	65 and upwards.	Total Cases.
Pulmonary Males	..	..	..	..	..	1	1	..	..	..	..	2
" Females	..	..	..	2	2	..	1	1	..	..	..	6
Non-Pulmonary Males	..	..	..	..	..	..	1	..	1	..	..	2
" Females	..	..	..	..	..	..	..	..	..	..	..	..

* NOTE.—New Cases first coming to knowledge otherwise than by formal notification may in some instances afterwards be formally notified on Form "A" or on Form "B."

Cases of Tuberculosis notified under the Public Health (Tuberculosis) Regulations, 1912, during the year ended December 31st, 1924,
with reports upon Examinations of Sputa, etc., at the
County Laboratory.

DISTRICTS AND SUB-DISTRICTS.	PULMONARY.					OTHER T.B. DISEASES.					Total
	Cases Notified	Result of Lab. examination		No Specimen submitted	Cases Notified	Result of Lab. examination		No Specimen submitted			
		Pos.	Neg.			Pos.	Neg.				
URBAN.											
Abercarn											
Cwmnantygynt (Aberbeeg)	...	1	...	...	1	...	...	...	...	1	
Abercarn	...	1	1	...	2	...	...	...	2	3	
Cwmcarn	...	3	1	1	1	1	...	...	1	4	
Crumlin (part)	...	1	...	...	1	2	...	...	2	3	
Newbridge	...	7	2	1	4	...	...	...	...	7	
Abergavenny											
Abergavenny	...	4	2	...	2	...	...	...	...	4	
Abersychan											
Abersychan	...	3	1	1	1	1	...	...	1	4	
Pontypool	...	2	1	1	2	...	...	...	...	2	
Garndiffaith	...	1	...	...	1	2	1	...	1	3	
Pontnewynydd	...	2	2	...	...	1	...	...	1	3	
Varteg	...	1	...	...	1	...	...	...	...	1	
Abertillery											
Abertillery	...	17	8	4	5	10	...	2	8	27	
Blaina	...	1	...	...	1	...	...	...	...	1	
Llanhilleth	...	10	3	5	2	8	...	2	6	18	
Aberbeeg	...	5	1	3	1	2	...	...	2	7	
Cwmtillery	...	5	1	2	2	1	...	...	1	6	
Crumlin (part)	...	3	...	1	2	1	...	...	1	4	
Six Bells	...	6	1	3	2	1	1	...	...	7	
Bedwas & Machen											
Trethomas	...	22	6	4	12	...	...	...	...	22	
Machen	...	7	1	2	4	1	...	...	1	8	
Maesycwmmmer	...	4	...	2	2	1	...	...	1	5	
Bedwas	...	4	1	2	1	1	1	...	...	5	
Bedwellty											
Aberbargoed	...	6	2	...	4	1	...	...	1	7	
Blackwood	...	3	1	...	2	...	...	...	...	3	
Pengam	...	1	1	...	...	...	...	...	...	1	
Argoed	...	...	...	...	...	2	...	...	2	2	
New Tredegar	...	12	4	3	5	3	...	1	2	15	
Cefn Forest	...	3	1	1	1	...	...	...	...	3	
Fleur-de-lis	...	1	1	...	...	...	...	...	...	1	
Hollybush	...	2	...	...	2	...	...	...	...	2	
Blaenavon											
Blaenavon	...	9	1	3	5	...	...	...	...	9	

DISTRICTS AND SUB-DISTRICTS.			PULMONARY.				OTHER T.B. DISEASES.				Total
			Cases Notified	Result of Lab examination		No Specimen submitted	Cases Notified	Result of Lab. examination		No Specimen submitted	
				Pos.	Neg.			Pos.	Neg.		
Chepstow	...	...									
Chepstow	...	...	3	...	...	3	...	...	...	...	3
Ebbw Vale											
Ebbw Vale	...	...	39	4	19	16	23	...	5	18	62
Cwm	...	...	20	1	8	11	2	...	...	2	22
Beaufort	...	...	6	...	...	6	6	1	2	3	12
Waunllwyd	...	...	3	1	1	1	...	...	...	...	3
Monmouth	...	...									
Monmouth	...	...	7	...	...	7	1	...	...	1	8
Nantyglo & Blaina											
Nantyglo	...	...	16	1	8	7	4	...	...	4	20
Blaina	...	...	9	...	3	6	3	...	1	2	12
Pontypool	...	...									
Pontypool	...	...	1	...	...	1	...	...	...	...	1
Rhymney	...	...									
Rhymney	...	...	9	2	1	6	8	...	2	6	17
Abertysswg	...	...	2	...	...	2	2	...	...	2	4
Risca											
Pontymister	...	...	3	2	...	1	...	...	...	...	3
Crosskeys	...	...	2	1	...	1	...	...	...	...	2
Risca	...	...	6	3	...	3	1	...	...	1	7
Pontyvain	...	...	5	1	...	4	...	...	...	...	5
Wattsville	...	...	...	...	...	...	1	...	...	1	1
Tredegar	...	...									
Tredegar	...	...	54	12	19	23	6	1	1	4	60
Sirhowy	...	...	1	1	...	...	...	...	...	...	1
Markham Village	...	...	1	...	...	1	...	...	...	...	1
Troedrihwgair	...	...	1	...	1	...	...	...	...	...	1
RURAL.											
Abergavenny											
Penpergwm	...	...	1	...	...	1	...	...	...	...	1
Llanwenarth Citra	...	...	1	...	...	1	...	...	...	...	1
Clytha	...	...	2	...	...	2	...	...	...	...	2
Chepstow	...	...									
Wolvesnewton	...	...	1	...	1	...	...	...	...	...	1
Caldicot	...	...	2	...	1	1	...	...	...	...	2
Pwllmeyric	...	...	2	...	...	2	...	...	...	...	2
Monmouth	...	...									
Llanvihangel-Yestern-											
Llewern	...	...	1	...	...	1	...	...	...	...	1
Llangattock	...	...	...	...	...	...	1	...	...	1	1
Raglan	...	...	2	...	...	2	...	...	...	...	2
Llantilio	...	...	1	...	...	1	...	...	...	...	1
Penrhos	...	...	2	1	...	1	...	...	...	...	2

DISTRICTS AND SUB-DISTRICTS.			PULMONARY.				OTHER T.B. DISEASES.				Total
			Cases Notified	Result of Lab. examination		No Specimen submitted	Cases Notified	Result of Lab. examination		No Specimen submitted	
				Pos.	Neg.			Pos.	Neg.		
Pontypool	...	...									
Llanvair	...	...	1	...	...	1	...	...	...	...	1
Goytre	...	...	1	...	...	1	1	...	...	1	2
Llanbadoc	...	...	1	...	...	1	...	...	...	...	1
Penpelleny	...	...	1	...	...	1	...	...	...	...	1
Kemys Commander	...	...	...	...	...	...	1	...	...	1	1
St. Mellons.											
Rogerstone	...	...	1	...	...	1	1	...	...	1	2
Bassaleg	...	...	2	...	1	1	...	...	...	...	2
Henllys	...	...	1	1	...	...	...	...	...	...	1
Marshfield	...	...	2	...	1	1	...	...	...	...	2
Michaelstone-y-vedw	...	...	1	...	...	1	1	...	...	1	2
St. Mellons	...	...	1	...	...	1	...	...	...	...	1
Rumney	...	...	2	...	...	2	...	...	...	...	2
Total	...	..	364	74	103	187	103	5	16	82	467

Tuberculosis is a disease which frequently extends over a period of years, so that in 1914 and the years immediately following, notifications were received of chronic and long standing cases, as well as the new cases coming to the knowledge of the practitioners in the County. It can now be surmised that the old cases have been detected and notified, and that the great majority of the cases notified in recent years are new cases only.

The notification of this disease is still anything but satisfactory, and much difficulty arises in the compilation of any comparative statistics. The ratio of non-notified Tuberculosis deaths in one district is given at 76.4 per cent., an amazing figure. The County figure would not be much below 50 per cent.

Regulations amending the Tuberculosis Regulations, 1912, were issued by the Minister of Health on 18th December 1924, and it is to be hoped that a marked improvement will be effected.

The reports of the Tuberculosis Physicians to the Memorial Association for the year ended March 31st, 1924, are as follows:—

Dr. J. L. THOMAS (West Monmouthshire).**TIME TABLE.**

Abertillery	...	Waverley Hotel	...	Every Wednesday in the month at 11 a.m.
Blaina	...	Council Buildings	...	1st and 3rd Wednesdays in the month, at 10.30 a.m.
Ebbw Vale	...	Central Surgery	...	Every Tuesday in the month, at 11.30 a.m.
Newbridge	...	30 Alexandra Place	...	Every Friday in the month at 10.30 a.m.
New Tredegar	...	Workmen's Hall	...	1st and 3rd Monday in the month at 11 a.m.
Pengam	...	Post Office	...	Every Monday in the month at 10.30 a.m.
Rhymney	...	Central Surgery	...	2nd Monday in the month at 12.30 p.m.
Risca	...	Public Hall	...	2nd and 4th Friday in the month at 9.30 a.m.
Tredegar	...	Central Surgery	...	Every Thursday in the month at 12 noon.
Trethomas	...	Dr. Barnard's Surgery	...	4th Monday in the month at 1 p.m.

Number of new cases seen during the year 1,348

Number of cases definitely diagnosed ... 276

Pulmonary ... 182

Non-pulmonary ... 94

			Men.	Women.	Children.
Number of cases treated in Hospital	...	...	116	101	77
Number of cases treated in Sanatorium	...	...	28	15	18

During the latter half of the year a Visiting Station has been opened at Pengam. As this is the centre of a large population, a weekly visit is paid, and the number of patients who attend provide a full day's work. On account of the increase of population served by the Newbridge Visiting Station, it has been found necessary to have there, also, a weekly visit.

Death Returns.

Number of deaths notified to us during the year ... 223

Number of deaths notified who have not previously been seen
by the Tuberculosis Physician ... 105

Number over twenty years of age suffering from pulmonary
tuberculosis not seen by the Tuberculosis Physician ... 53

The number of fatal cases which have not come under our notice is still too high, and it is lamentable that so many open cases of pulmonary tuberculosis, with all their possibilities for infection, should not have had the opportunity of treatment or of segregation. This weakness in the campaign will be referred to later.

Since the opening of Cefn Mably Hospital, the cases of pulmonary tuberculosis have been granted more prompt admission, and the Hospital is supplying a great need. Surgical tuberculosis is now the only form which has to suffer by delay in admission to Hospital, but we hope for better things. The compulsory closing of Cardigan House Hospital for children was a great blow, and we miss its prompt and convenient service very much indeed.

Cutaneous Test for Tuberculosis.

During the last five months of the year under observation we have endeavoured to record the results of a Von Pirquet test, which was done in the case of every patient, and the following figures provide an interesting study. As in the case of a record taken in 1915-16 of 1,000 patients on whom this test was done, the after history will become interesting as the years go by.

Out of a total of 500, there were 198 positives and 121 negatives in the cases of those whose results we were able to inspect in a short period of time. These figures have been divided into age groups as under:—

Under 1 year.		1—3 years.		3—5 years.		5—7 years.		7—10 years.		10—15 years.		15—20 years.		20 and upwards.	
P	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N
3	5	6	11	19	13	20	18	32	16	35	21	17	5	65	32

The balance of 182 did not come up for inspection, and we have not any certain information, but, judging from the general disposition of the doctors in these days to take notice of the results of the test and to send up the positive cases, we may reasonably conclude that the majority of these cases are negative.

The figures deserve a more meticulous examination than we are able at present to give them, but one conclusion can safely be entertained, that tuberculosis in this industrial and over-crowded area is not as prevalent as has been usually suspected.

It would be of great interest and not a little value if this test was done on all children at the beginning, middle, and ending of school life: and judging by the very rare case of refusal to have the test done, its carrying out in this manner would not entail much difficulty.

Retrospect of Ten Years' Work.

The work of this area during the past year has not varied in essential features from that of those which have gone before; and the description of it may reasonably form part of a retrospect of the last ten years.

But before entering upon any consideration of details of manner and results of working, the effects of the awful world war should be borne in mind. Physically and psychically, as well as financially, the tuberculosis campaign of the Association has been affected to a degree that it is difficult at present to estimate, and we cannot but express admiration for the determination and perspicuity of those who have been at its head. In the first winter of the war, many folk, doctors included, said, "Close it down and send the staff into the service," which was indeed joined by a good half of them. The answer to this cry was the Beechwood Hospital for tuberculosis Service men, where so much good work was done; and the work, ever on the increase, went on with a depleted staff, who carried on without grumbling.

More than 10,000 new cases have been examined in the West Monmouthshire area during the ten years, and, save for the two bad years of the war, the percentage of positive cases has steadily decreased, as the number examined has increased. It is true that a great number of young children have been sent to us who had no signs and symptoms of tuberculosis, but this was erring on the right side. Knowing too well that the attaching of a label of tuberculosis would be a disability for all time, one has often hesitated to apply it, and thought it best to keep the child under observation and advising treatment as required. Our liaison with the school medical service has grown closer and more efficient year by year, and it is difficult now for a tubercular child to escape observation and appropriate treatment.

Two disappointing groups have to be mentioned, the number of practically hopeless cases that have come up from time to time, and the large number who have died of the disease without coming to our notice. This unfortunate state of affairs ought to remedy itself in time, for a truly compulsory notification ought to help in bringing forward more early cases.

Another "fly in the ointment" has been the paucity of the so-called sanatorium case, the early case in which arrest of disease was to be expected. More than ample provision has been made in our Sanatoria for this class of case, which is rarer than was expected, not only by the staff of our Association, but by similar workers in all parts of the world. Perhaps one may account for this rarity of appearance by recounting one's observation of a number of children who, in ten years, have attained to manhood and womanhood.

The Von Pirquet Test has been done in nearly all cases, and the results are interesting, especially in those who gave a more or less positive reaction.

We have records of boys and girls of good weight and general appearance who gave a markedly positive reaction, and who soon disappeared from our notice, but who have come up after working for a few years in the case of males, and in the case of females after an early marriage and the birth of a baby or two. They gave a history of keeping quite well until the change in their mode of life broke down the resistance which was evidently very strong when they first came to us. In these cases this resistance has apparently broken down suddenly and, as a rule, hopelessly.

Then there is the other class of cases of less positive reactions who are under observation for years, and exhibit gradually increasing signs and symptoms with a history of irregular school attendance and varying working ability in after years. They do not do well in sanatorium, for they do not need any extra auto-inoculation, and when they break down, they furnish us with the chronic hospital case. Meanwhile, they marry and very successfully propagate the future victims.

As regards the end results of treatment, one must confess that these are disappointing, but this is not the fault of our splendid institutions dotted all over Wales and Monmouthshire, but of the life to which the patients return.

Those twin evils born of the war, over-crowding and the increasingly hard struggle for existence, make with certainty for this untoward result, and render nugatory all the effects of eradication in dispensary and institution.

The schools also are over-crowded, and the public purse will not, as yet, stand the strain of providing a sufficiency of open-air schools.

But one interesting fact has been noticed, the consideration of which may point to a possibility of better results.

Out of the 10,000 who have come to us for examination, there have not been ten Jews, and more than half of those were not infected by tuberculosis. If there had been the need, this enterprising race would have taken advantage of the free examination and treatment, as, indeed, they have done in the matter of education. The records of successes in the County Schools of this area bristle with the names of successful Jews who have thirsted for higher education and obtained it, often in circumstances much less favourable than those of neighbouring Gentiles.

To account for this paucity of Jew patients, we can mention their strict feeding and mating, according to their Rabbinical code, their more sober mode of life, their great care of the young, and the success which usually follows their endeavour to keep out of any arduous employment. Although capable of

carrying great loads, these are usually their own, and these get lighter as their pockets grow heavier. One has never heard of a Jew coal miner in West Monmouthshire, and we probably never shall.

But this small incidence of tuberculosis amongst the Jews can be accounted for by the comparative absence of familial infection, due to strict marriage customs, and the resulting diminished possibility of heredity of seed or soil.

A study of our case sheets compels one to conclude that heredity in tuberculosis cannot be dismissed lightly, and that our incidence of tuberculosis would be lessened by a more strict marriage selection, and our resistance to infection by tuberculosis would, it is reasonable to conclude, be strengthened by careful upbringing in infancy, followed by stringent care in the selection of animal food.

With a view to remedying the ill effects of environment in the home the Association and the County Health Committee have endeavoured to set up After-Care Committees in the County, but the institution of such Committees has not been without its difficulties.

After Care Work.

In these days of democratic councils there is a strong feeling against funds derived from private benevolence and allocated by charitable agencies, and in favour of Statutory Care Committees of the Council for the purpose of T.B. care work. The Public Health (Tuberculosis) Act, 1921, gives power to County and County Borough Councils to make a Committee or Sub-Committee of the Council responsible for arrangements "for the after-care of persons who have suffered from tuberculosis," and for that purpose persons of special experience, not members of the Council, may be co-opted to the Committee, subject to a limitation as to the relative number of Council members and co-opted members.

Such Committees have been formed in all the districts of the County, and the foundation of these Committees has been the Infant Welfare and Maternity Committee, with persons representing various public bodies and interested in public health work added to it. Such Local Committees have met in all the districts in which our Visiting Stations for dispensary work are situated, and while each one readily endeavoured to do the work, it was with the understanding that the funds for the purpose should be statutory in origin and distribution.

The voluntary and charitable form of after-care work did not meet with the approval of those who attended the Committees, and, indeed, in an area such as West Monmouth, almost entirely industrial in character, very little success could be expected from this method of operation. In practically all the districts the resolution to do the tuberculosis work was passed subject to the provision of the necessary funds by the County or State, or both, and there the matter

rests at present, at any rate, as regards the money needed for doing work which is very vital to the success of any tuberculosis campaign.

Any scheme will have to recognise that the household, and not the patient, is the unit in after-care work, and so far Public Health Legislation recognises only the wants of the latter.

This difficulty will have to be overcome in order to have a well balanced scheme, and it is to be hoped that some way will soon be found to put the work upon a basis financially and administratively sound and effective, for it is, in most cases, the return to the household life that soon nullifies the good effects of institutional treatment. But any after-care scheme will have to avoid the difficulties which have been encountered in the case of war pensions, and the objectionable features of any form of parish relief.

X-Ray Examinations.

During the year we have once more had the great advantage of getting patients examined at the X-ray Département of the Gwent Hospital. This has been very helpful in the diagnosis of doubtful cases, and being able to be present at the radioscopic examination of chest cases has assisted greatly in our work. One can also mention in this connection the very pleasant and educating part of the quarterly meeting, at which films are exhibited and discussed.

Surgical Tuberculosis.

During the last two months we have had the services of the Surgical "Continued Treatment" Scheme in looking up those cases who are waiting for Hospital, or who have returned home after appropriate treatment. The work has been very welcome and, indeed, of great value.

In the case of those waiting for Hospital, and too often the wait has been lengthy, the condition of the patient was so far worsened as to make the stay in Hospital more prolonged, and, of course, the treatment more difficult.

Of those who have gone home from Hospital, the condition, which often so rapidly deteriorates, has been rendered more lastingly favourable by the after-care which Dr. Clark and the Orthopædic Sister, working in co-operation with Dr. Brownlee, have given to them. The value and importance of such work cannot be over estimated.

In this connection one must also mention the services of the County Health Visitors. These Nurses have helped us at our clinics when and as required, and a further development of their work in the way of visitation of the patients in their homes is very much to be desired.

As in the past years, Dr. Hyde has proved himself an enthusiastic and indefatigable colleague, and his long period of service has provided him with a thorough knowledge of the area, its doctors, and the class of patients likely to present themselves at our clinics.

We have been much assisted in our work by the very efficient, conscientious and tactful administrative service of the Tuberculosis Sister, Nurse E. Williams; and the clerical work of the area has been carried out at all times with thoughtful care by Miss Richards. Once more we have to acknowledge the ready help and kind courtesy vouchsafed to us by all at the Head Office.

Dr. A. CARVETH JOHNSON (East Monmouthshire).

TIME TABLE.

Institute.			
Newport	...	4 Palmyra Place	... Saturdays: 10 a.m.
Pontypool	...	Park Buildings	... Tuesdays 10.30 a.m. 2.0 p.m. Thursdays 10.30 a.m.
Abergavenny	...	Y.M.C.A. Buildings	Thursdays 2.30 p.m.
Chepstow	...	Tygastroggy, Moor Street	Fridays 2.30 p.m.
Monmouth	...	Borough Buildings.	1st and 3rd Fridays 12 noon.

A slight alteration was made in the area in March, 1925. The Rural District of St. Mellons, which was formerly divided between East and West Monmouthshire Area, has now been entirely included in East Monmouthshire. As the patients from this area attend the Newport Institute, the Saturday morning session is now entirely devoted to Monmouthshire patients, and the West Monmouthshire Physicians are released for attendance at Cefn Mably Hospital, and the Newport Tuberculosis Sister is released for domiciliary visits.

Colonel Beaman left the Association in October, 1924, and Dr. Matthews, of Newport, acted as temporary assistant in the area until February, 1925, when he was transferred to Talgarth.

Dr. L. R. Clark is now acting as assistant, and is also developing the Surgical After-Care Scheme. This work promises to be of the greatest assistance, and should do much towards relieving the pressure on surgical beds.

Dr. Clark makes the following report:—

Within the last three months all ambulant surgical cases in this area have been seen at this institute or at the various visiting stations, and patients unfit to attend the institute have been visited, and are being treated at their

own homes in conjunction with the General Practitioner and the Orthopaedic Sister for this area.

New orthopaedic cases have been fixed immediately after diagnosis has been made, either in splints or plaster cases. This has been beneficial to patients and economical to the Association, as previously these cases often went from bad to worse while waiting for admission to a surgical hospital, where few vacancies occur throughout the year.

Patients and relatives of such as have been unwilling to avail themselves of hospital treatment have welcomed this home treatment. This particularly applies to young children, and many of these cases are making quite good progress at home.

Materials and apparatus have been sanctioned from Head Office immediately requisitions have been sent in.

We anticipate having a room in the Newport Institute equipped for the treatment of these orthopaedic cases, and portable apparatus for use at the various visiting stations, in the near future.

The appointment of the second orthopaedic nurse has made it possible for one of the nurses to be more or less available for cases in the Monmouthshire area. This has meant better supervision of the patients in this area.

Records are kept of all cases after their discharge from the various surgical hospitals, and reports sent to these institutions when asked for.

It is with the greatest regret that I have to record the death of Sister Jessie Harries, after a long illness. Sister Harries joined the staff of the Association in March, 1914. In October, 1923, she was transferred to the staff of the Newport Corporation, and was obliged to give up work in March, 1924.

In the East Monmouthshire Area the services of both District Nurses and County Health Visitors are utilised.

SUMMARY OF WORK.

New cases examined	...	...	...	...	1,100
Found to be suffering from tuberculosis—					
Pulmonary	...	...	...	...	216=19.7%
Non-Pulmonary	...	...	...	...	102= 9.3%
					318=29%

Admitted to Hospital —

Pulmonary cases	...	...	...	...	163
Non-pulmonary cases	...	...	...	...	43
Sanatoria	...	...	...	...	50

Contacts.

Efforts are still being made to examine all contacts to every definite case of pulmonary tuberculosis seen at the Institute. As a rule, a letter is written pointing out the risk of infection, and inviting contacts to attend for examination at the Institute at an appointed time. A certain number attend; two further letters are sent to those who do not. It is to be regretted that at an outside estimate not more than one-third of the possible number of contacts do attend, and as over 11% of these are found to have tuberculosis, it is clear that many cases are being missed in this way. One woman wrote, in answer to the invitation for the family to be examined after one daughter had been found to have pulmonary tuberculosis: "I don't think it necessary for any of us to be examined, as there has never been any consumption on either side, and if the girl has it she did not get it here. There are five of them at home, and all quite well."

Within three months a younger sister was notified as a case of pulmonary tuberculosis, and died the following day. It was obvious that a doctor was only called in at the last possible moment. It hardly seems necessary to make any comments. The eradication of tuberculosis is a very difficult matter while there is so much criminal stupidity shown.

There is no doubt that further medical examination of the population is necessary. Ante-Natal and Infant Welfare Clinics deal with children from birth to the age of five. School Medical Inspection continues to the age of fourteen, and there the child is left just at the age when pulmonary tuberculosis begins to develop. Facilities are available, but are not taken advantage of. The onset of the disease is so insidious that only too often an incurable stage is reached before the victim thinks of consulting a doctor.

Cases Examined.

		Under obser- vation 1st April 1924	New Cases	Diagnosed T. B.		No apparent disease.	Under obser- vation 31st March, 1925	Treatment		
				Pul.	Non- Pul.			Admitted San.	Admitted Surgical Hos.	Admitted Pul. Hos
Men	...	9	132	54	9	73	5	8	5	35
Women	...	8	144	40	12	98	2	10	3	38
Boys	...	5	135	7	13	117	3	} 3	10	2
Girls	...	2	124	1	13	106	6			
Total	...	24	535	102	47	394	16	21	18	75

Epidemiological Classification.

Men.				A.				C.				Women.				A.				C.			
International Classification.								International Classification.															
	A	B	C	A	B	c	Total		A	B	C	A	B	c	Total								
I.	1	—	3	3	—	2	9	I.	1	1	4	2	—	4	12								
II.	6	—	4	3	1	4	18	II.	5	—	2	3	—	2	12								
III.	11	1	1	7	1	6	27	III.	8	—	—	8	—	—	16								
Total	18	1	8	13	2	12	54	Total	14	1	6	13	—	6	40								

Age Incidence.

Of the 102 Pulmonary Cases, 69, or 67 per cent., were between 15 and 35.

Contacts.

			Number of Cases.	Diagnosed as T.B.	
				Pulmonary.	Non-Pulmonary.
Men	...	...	14	3	2
Women	...	...	31	8	1
Boys	...	...	37	1	2
Girls	...	...	39	0	0
Total			121	12	5

There were 111 deaths from tuberculosis (all forms) during the year, compared with 127 deaths last year. Of these, 64 were seen by the Tuberculosis Officer, a smaller proportion than last year. 10 deaths of those not seen took place in asylums or infirmaries, 3 others were from meningitis. The remaining 34 or 30% of the deaths were in cases that had not been referred to the Tuberculosis Officer, apparently for no obvious reason. This is extremely unsatisfactory. While it is possible that little could have been done for many of them, much might have been done in preventing the spread of infection and in examination of contacts.

An analysis of deaths in East Monmouthshire Area of cases known to the Tuberculosis Officer, where full particulars are available, shows that for all cases the average duration of symptoms before death was 33½ months. "A" type was 14 months, and "C" type 52 months.

Duration of symptoms before case was seen by the Tuberculosis Officer, 16 months.

There were more of the " A " or acute type in East Monmouthshire than in Newport, there being practically 50% of " A " and " C " types.

The following table gives survival after onset of symptoms for all pulmonary cases of which full particulars were available, who died during the year:

	A TYPE.									C TYPE.								
	1			2			3			1			2			3		
	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C
Number of cases	2	0	0	6	2	1	12	0	1	0	0	2	4	0	3	11	1	2
Survival in months after onset of symptoms ...	11½	0	0	23½	15½	5	9¾	0	19	0	0	14½	34¼	0	50¼	39	12	150

During the year I have continued to attend the Ministry of Pensions Final Award Boards at Cardiff once a week, with pleasure to myself, while the knowledge I have gained of the methods of the Medical Practitioners has been of considerable assistance.

My grateful thanks are due to all who have assisted in the work, particularly to Medical Officers of Health, General Practitioners, and the Head Office and Institute Staffs.

Beechwood Hospital.

In Hospital on 1st April, 1924	...	...	...	46
Admitted	...	...	...	22
Discharged	...	...	...	68
Transferred to Cefn Mably	...	...	...	25
Improved	...	...	...	17
Transferred to Sanatorium...	...	...	...	3
Transferred to Glan Ely	...	...	...	1
No active Tuberculosis	...	...	...	5
No improvement	...	...	...	3
Died	...	...	...	10
Took own discharge	...	...	...	3
Discharged for breaking rules	...	...	...	1

This Hospital was finally closed on 2nd June, 1924. As there was a considerable demand for beds at the time, it was not possible to close the Hospital

before and allow the staff to proceed to Cefn Mably to prepare for the admission of new patients there. In the end we were faced with the problem of giving the patients and staff breakfast at Beechwood and transferring them altogether, with bedding and baggage, to the empty Cefn Mably Hospital in time for dinner. As many of the patients were stretcher cases, it was no easy matter, but in the end it was successfully accomplished.

For the last time I have to thank the many friends who have done so much for the entertainment and amusement of the patients. Their efforts have been a great aid to treatment, and have been much appreciated by the patients.

CEFN MABLY HOSPITAL.

Dr. W. DAVIES, Medical Superintendent, Cefn Mably Hospital.

This hospital completes the number of institutions which the Association planned to provide for persons suffering from tuberculosis in Wales and Monmouthshire. It consists of the old historic mansion of Cefn Mably—virtually gifted by Lord Tredegar to the Association—and of a new pavilion erected near by. Accommodation is provided for 110 patients; 54 beds are allocated to men, 46 to women, and 10 beds to children. It stands on an excellent site; nestling in a bower of trees on the brow of a hill, it faces south and commands a magnificent view of the surrounding country and of the Bristol Channel. The exterior of the mansion retains its ancient appearance, but the interior has undergone a wonderful transformation, and visitors to the hospital have been pleasantly surprised, and have expressed their admiration of the clever way in which the Architect has converted this old mansion into an up-to-date institution. The wards are commodious, well lighted, well ventilated—the whole place having a cheery effect and an entire freedom from that gloom usually associated with ancient buildings.

The formal opening of the hospital by Lord Tredegar took place on 24th June, 1924, in the presence of a large and representative gathering of people interested in the campaign of the Association against tuberculosis. The day was a very successful one, while the beauty of the surroundings was enhanced by the extreme serenity of the weather which prevailed. The complete success of the whole proceedings was the result of the excellent arrangements made by the Director, Sir D. W. Evans. The people of Newport and Monmouthshire, who inspected the hospital that day, were impressed with the splendid provision made for the accommodation of patients from their County.

Patients were first admitted to the hospital on 2nd June, 1924, when 25 men were transferred here on the closing of Beechwood Hospital. Up to 31st March, 1925, the total number of patients treated was 383, of whom 275 were discharged. The particulars of these are summarised in the following tables:—

	Men.	Women.	Children under 15.	Total.
No. of patients admitted up to 31st March, 1925	165	162	56	383
No. of patients discharged up to 31st March, 1925	114	121	40	275
No. of patients under treatment up to 31st March, 1925	51	41	16	108

Particulars of the 383 Cases admitted.

No. admitted suffering from pulmonary tuberculosis	306
No. admitted suffering from non-pulmonary tuberculosis	12
No. admitted for observation	65
	383

Particulars of the 65 Observation Cases.

No. found suffering from pulmonary tuberculosis	30
No. found suffering from non-pulmonary tuberculosis	1
No evidence of active tuberculosis	26
Under observation 31st March, 1925	8
	65

The total number of pulmonary cases treated was 336, and the classification on their admission, according to the epidemiological classification, is shown in the subjoined table:—

International Classification.	A			C			Total.
	A	B	C	A	B	C	
I. ...	3	9	28	5	3	19	67
II. ...	7	8	14	5	4	25	63
III. ...	78	6	6	71	16	29	206
Total ...	88	23	48	81	23	73	336

An analysis of these 336 cases, giving their different age groups, the anatomical extent of their lesions, and the type of their disease, whether primary or secondary, is shown in the following table:—

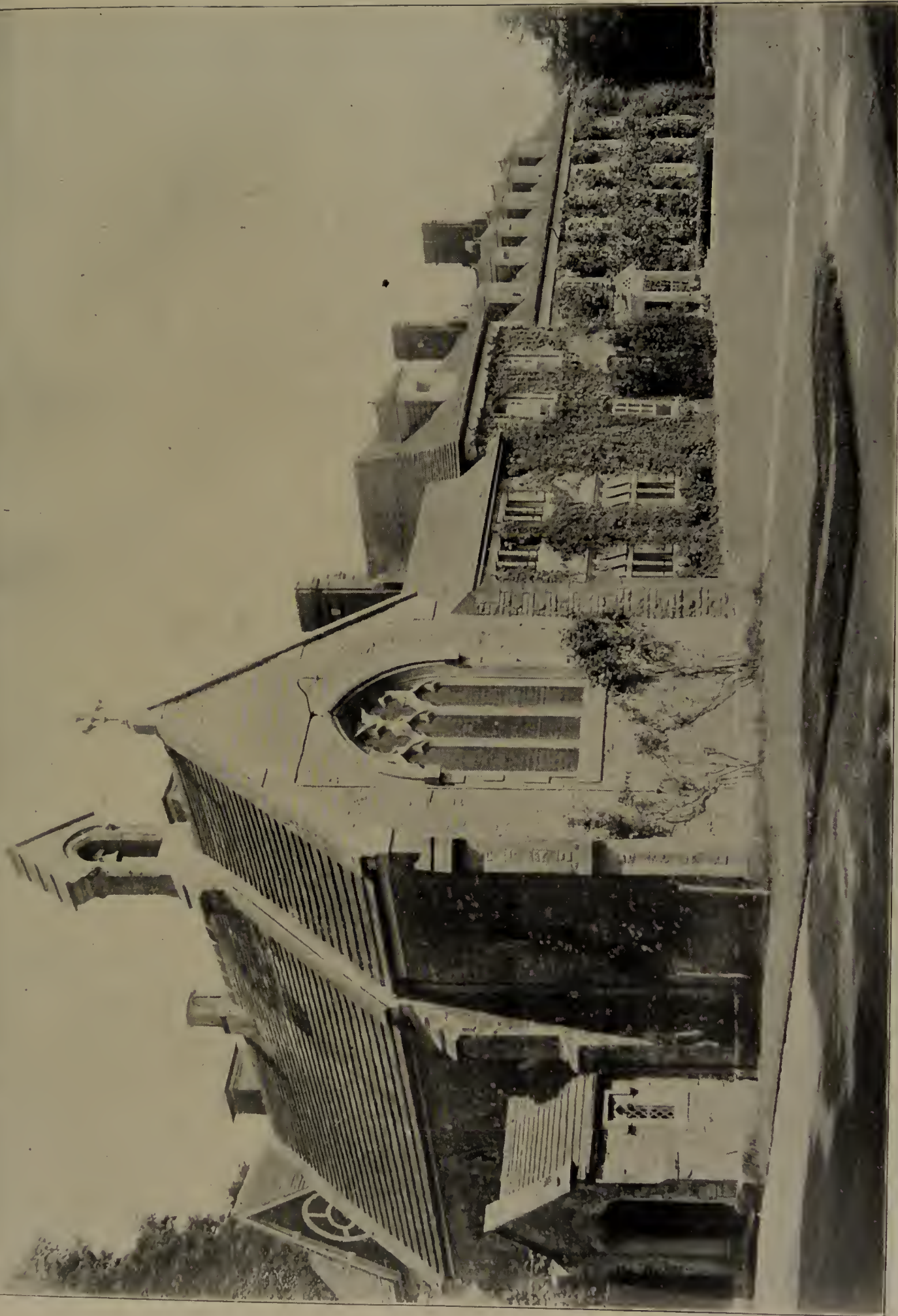
	Under 5	5—15	15—25	25—35	35—45	Over 45	Total.
A I. ..	1	13	18	6	2	—	40
A II. ...	1	4	8	10	3	3	29
A III. ...	3	6	42	17	18	3	89
C I. ...	1	7	5	10	2	2	27
C II. ...	—	2	6	16	6	4	34
C III. ...	—	3	27	32	28	27	117
Total ...	6	35	106	91	59	39	336

Classification of 275 Cases Discharged.

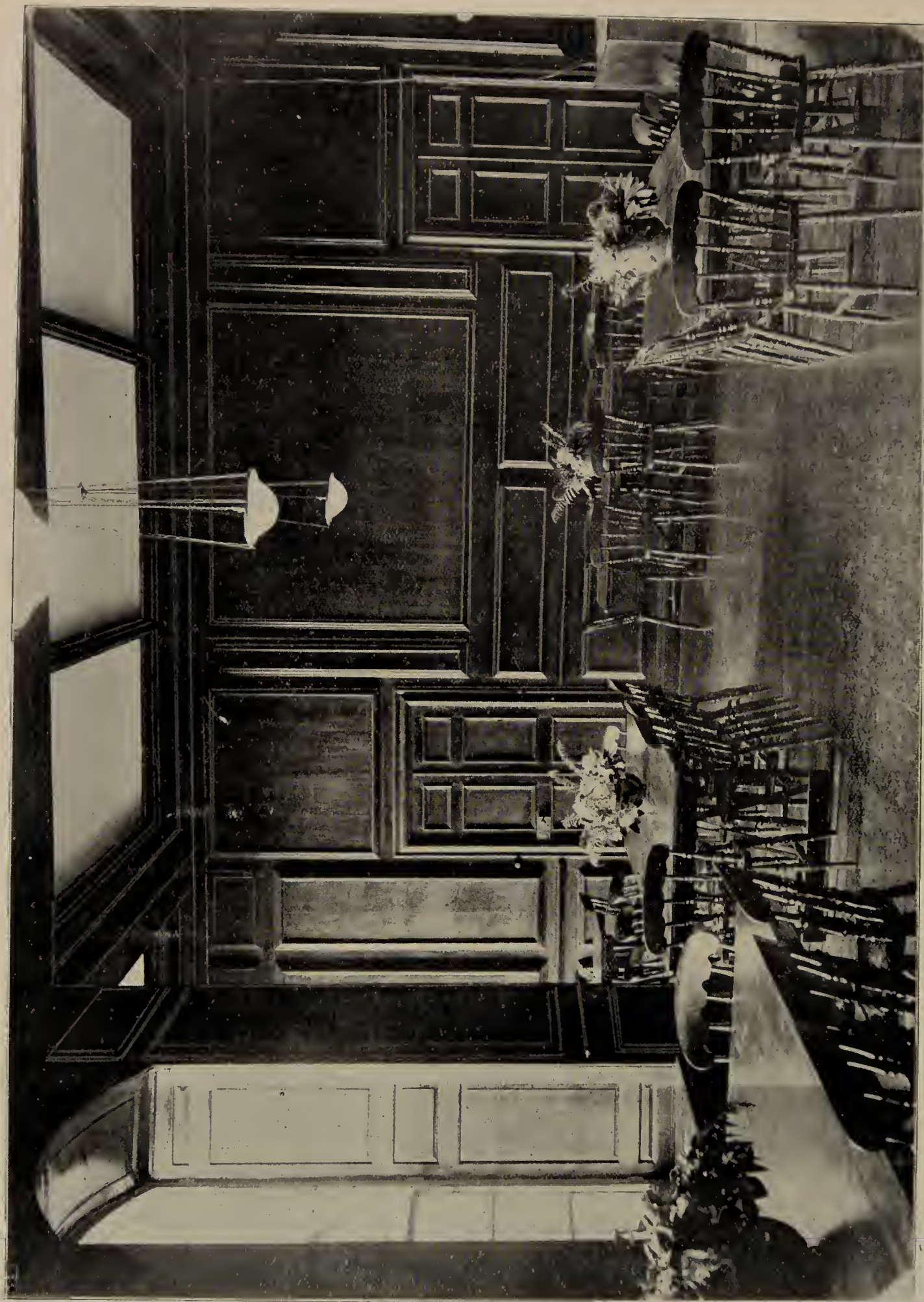
	Men.	Women.	Children.	Total.
Transferred to sanatoria ...	15	6	10	31
Improved T.B. Negative ...	23	32	6	61
Improved T.B. Plus ...	15	18	—	33
Stationary ...	13	20	5	38
Worse ...	8	8	2	18
Died from pulmonary tuberculosis ...	22	14	6	42
Died from other causes ...	2	1	2	5
Left against advice ...	2	7	2	11
No evidence of active T.B. ...	9	15	2	26
Non-Pulmonary T.B. ...	1	1	5	7
Discharged for disobedience ...	3	—	—	3
	113	122	40	275

The purpose served by the hospital is fourfold; the segregation of hopeless cases; the provision of conservative and curative measures; and measures of relief for the hopelessly diseased. As will be seen from the above tables, full use has been made of these functions.

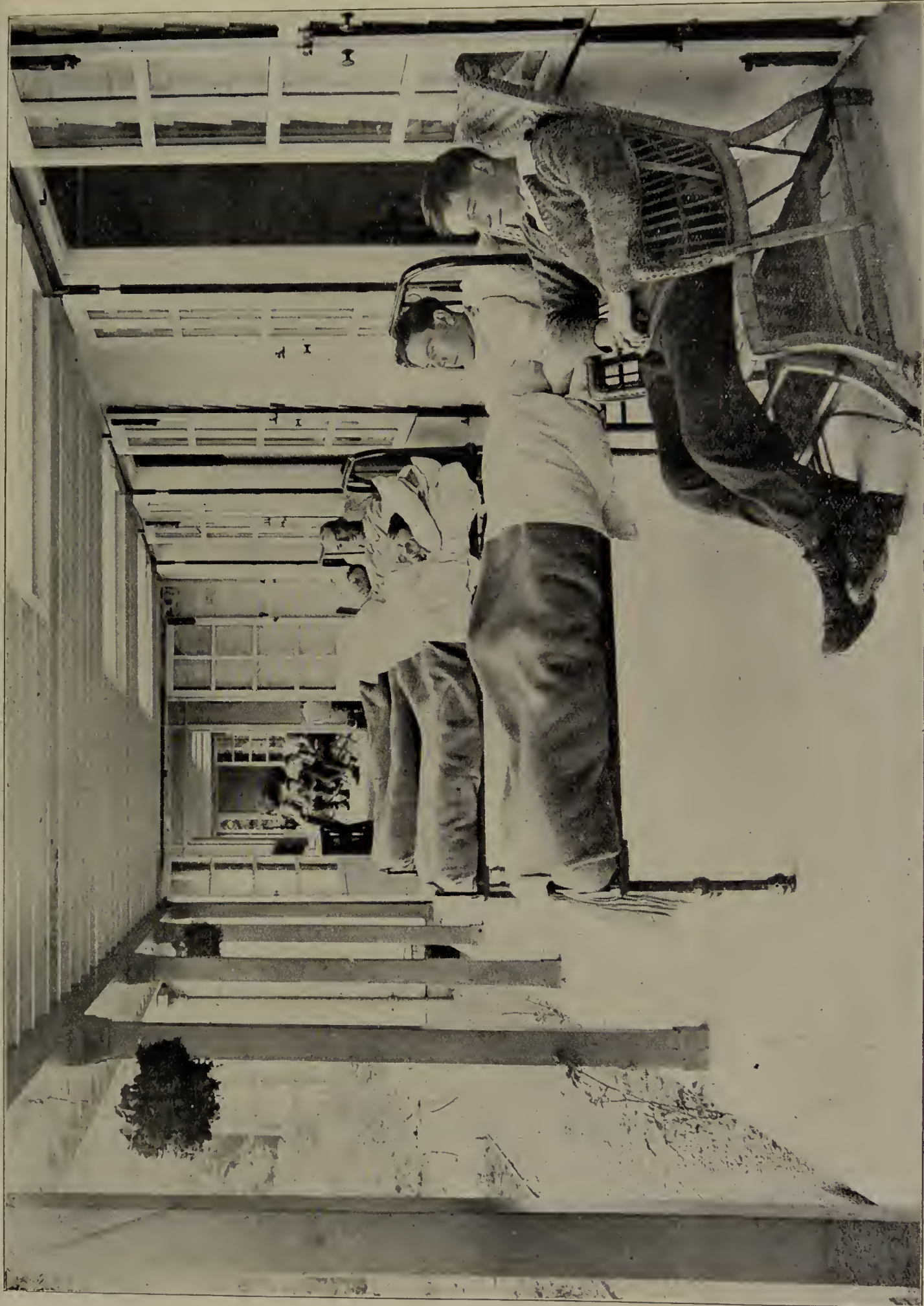
The methods of treatment adopted have been mainly those of graduated rest and walking exercise, while some cases have been treated with vaccines. Artificial pneumothorax has been done in two cases only, and though this form of treatment could be more widely applied, the amount of time and



CEFN MABLY HOSPITAL—VIEW OF THE BUILDINGS, WITH THE CHAPEL ON THE LEFT.



CEFN MABLY HOSPITAL—PATIENTS' DINING HALL.



CEFN MABLY HOSPITAL—A VIEW OF THE MEN'S PAVILION.



CEN MARY HOSPITAL - ONE OF THE WOMEN'S WARDS.



CEFN MABLY HOSPITAL—VIEW FROM THE FRONT DOOR.

attention required to carry it out, however, is considerable, and without assistance it can be applied only to a very limited extent.

A large number of hopeless cases have been admitted, and consequently the mortality rate has been high. This is what ought to be expected, and the hospital serves a useful purpose in segregating these cases at a time when they are a prolific source of infection to others. Many advanced cases, however, have been removed from the institution by their friends, and though every effort has been made to retain these cases, sentiment too often has prevailed over common sense. However much one may sympathise with these people, the danger of exposing the children in the home to such cases outweighs that sympathy, and causes one to consider such removals as nothing short of criminal. Of the 42 deaths from pulmonary tuberculosis, 27 were of the A3a type, and 15 were of the C3a type.

There is a type of patient admitted to hospital who presents a problem entirely his own, and demands special attention. This is the chronic, fairly advanced type of patient who, properly fed and generally well cared for under suitable hygienic conditions, will live for years. He is unfit for sanatorium treatment and, while in hospital, his general condition and symptoms are ameliorated, and he is able to do some exercise daily without ill-effect. After a period in hospital he is discharged to his home, where he rapidly goes downhill, and is soon in such a state of ill-health that his re-admission into hospital is deemed advisable. His physical condition debars him from taking part in the economic struggle for life, which obtains in the normal life of the community, and the consciousness of his own incapacity produces certain degenerative mental changes. He becomes introspective, weak willed, and ultimately quite content to be a burden on the community. This type of patient needs to be re-educated, both physically and mentally, but there is as yet no organisation on the lines of a village settlement to where he can be sent for this purpose, and he remains a human derelict drifting to and fro between hospital and home.

During the period under review, considerable progress has been made in the development of an efficient and smooth-running institution. Many difficulties which must of necessity arise in a new hospital, have been overcome, but the problems of administration still demand that a great deal of time be devoted to them.

The X-Ray apparatus has been recently installed, and conforming as it does with the latest regulations of the National Physical Laboratory, it can be considered one of the best protected in the country. Already excellent radiographs have been taken, and it can be said with entire confidence that the efficiency of the medical work will be increased with its aid.

Owing to the financial stringency during 1923 and the early part of 1924, the full scheme of the Association with regard to this Hospital could not be carried out. Since that date money has become available and certain very necessary additions to equipment and alterations to buildings are being carried out.

At first the men's pavilion was not equipped with a heating apparatus, but this has been provided recently, and both the comfort and treatment of the patients in this section will be more satisfactory during the cold winter months.

Some of the outbuildings are being converted into a laundry. Up to the present the laundry work has been done by an outside contractor, and it is estimated that a considerable saving will result when it will be possible to do this work on the premises.

Through the generosity of one of the members of the House Committee—Mr. Edgar Lewis, Bedwas, and also Mr. Davies-Jones, Bedwas—a wireless apparatus is being installed for the benefit of both patients and staff in the main building of the hospital. This, undoubtedly, will prove a great boon and a blessing, and will do much to relieve the inevitable monotony of hospital life. The work is to be done by the Radio Communication Company; the whole building will be wired throughout, and there will be no less than fourteen loud speakers. It will be readily appreciated that no expense is being spared to provide a really good apparatus.

A recreation room is being erected near the men's pavilion for the benefit of the men patients. The cost of this artistic building is being defrayed by a generous Newport gentleman, who has always taken a keen interest in the welfare of the patients at Beechwood Hospital; and, though Beechwood is now closed, and Cefn Mably fulfils the functions of that hospital, it is gratifying to record that he has not allowed this to interrupt the continuity of his efforts in promoting the happiness of the patients.

Grateful thanks are due to the numerous friends in Newport and Cardiff for the entertainments they have provided for the patients throughout the winter months. These have been greatly appreciated, and have done much to create a spirit of cheerfulness amongst the patients.

Warm acknowledgements are expressed to the many friends in Newport, Cardiff, and Llanishen for the gifts in kind and money which they showered on the patients at Christmas time.

Religious services have been held regularly in the Hospital Chapel; the Church of England services have been conducted by the Rev. Astley Richards, Rector of Michaelstone-y-Vedw, while the Rev. Sorton Davies and the Rev. Gray Davies have conducted the Nonconformist services. The spiritual welfare of the Roman Catholic patients has been the care of the Rev. Father Brodrick, who has exhibited untiring zeal in his work.

To the chairman and members of the House Committee I express my sincere thanks for their interest and support in promoting the welfare of the patients and the efficiency of the institution.

I wish to record my grateful appreciation of the services rendered by the Matron, Miss C. A. Gould, who has laboured with tireless energy in maintaining an efficient nursing and domestic staff, and my warm thanks are due to her ever-ready co-operation in the hard task of administration.

In conclusion, I express my gratitude to the Head Office Staff for their constant helpfulness and advice during a most difficult and strenuous period.

The following Tables give Details of the Work undertaken by the Welsh National Memorial Association in the Administrative County during the Year ended 31st December, 1924.

Table I.—DIAGNOSIS.

Table showing the number of Persons Examined for Diagnostic Purposes.

	Under observation pending diagnosis on the 1st of Jan., 1924	Number of new cases, including contacts, examined during the Year ended 31st Dec., 1924	TOTAL.	Number found to be suffering from Tuberculosis.		Number with no evidence of active Tuberculosis.	Number still under observation pending diagnosis last day of Year ended 31st Dec., 1924.
				Pulmonary.	Other than Pulmonary.		
Boys ...	141	483	624	9	34	388	187
Men ...	82	467	549	119	38	272	113
Girls ...	119	449	568	23	33	327	179
Women ...	108	475	583	120	37	257	152
Total ...	450	1874	2324	271	142	1244	631

Table II.—ELEMENTARY SCHOOL CHILDREN.

Table showing the number of Children attending Public Elementary Schools, who were referred by the School Medical Officers for examination by the Tuberculosis Physicians, with the result of the Examination.

	Number under observation pending diagnosis 1st Jan., 1924	Number of children referred for examination during the Year ended 31st Dec., 1924	TOTAL	Number found to be suffering from Tuberculosis. Pulmonary. Other than Pulmonary.	Number with no evidence of active Tuberculosis.	Number still under observation pending diagnosis last day of Year ended 31st Dec., 1924
Boys ...	14	41	55	... 3	33	19
Girls ...	21	46	67	2 2	38	25
TOTAL	35	87	122	2 5	71	44

Table IIa. Analysis of the cases shown above as suffering from Tuberculosis.

	Total Number	Age Groups {	Under 5	5 to 6	6 to 7	7 to 8	8 to 9	9 to 10	10 to 11	11 to 12	12 to 13	Over 13
Pulmonary ...	... 2	... ..		... ..	... ..	... ..	... ..	... ..	... 1	... ..	... ..	... 1
Boys	...	...		...	...	...	...	...	...	...	...	...
Girls	...	...		...	...	...	...	...	...	...	...	...
Non-Pulmonary ...	3 2	... ..	1	... ..	... 1	... ..	... ..	1	1	... 1	... ..	...
Boys	3	...	1	...	...	...	...	...	...	...	...	...
Girls	2	...	...	...	...	...	...	...	...	...	...	...
TOTAL	7	... ..	1	...	1	...	...	1	2	1	...	1

Table III.—SANATORIUM TREATMENT.

Table showing results of Sanatorium Treatment

	Number under Treatment. 1st Jan., 1924	Number admitted during the Year ended 31 Dec., 1924	TOTAL.	Number discharged fit for work		Number Improved (Not fit for work).
				Pulmonary		
				Pulmonary	Pulmonary	
Boys...	2	7	9	2	...	1
Men	17	42	59	16	6	1
Girls	4	6	10	6	...	...
Women	6	22	28	9	1	5
Total	29	77	106	33	7	7

of Pulmonary Cases.

Number Stationary	Number Worse	Number left off treatment against advice	Number discharged for disobedience	Admitted for observation and discharged as non-tuberculous	Number of Deaths.		Number still under treatment last day of Year ended 31st Dec., 1924.
					Certified as primarily due to tuberculosis	Certified as primarily due to causes other than tuberculosis	
					Pulmonary	Pulmonary	Pulmonary
...	1	...	...	...	...	...	2
6	4	3	...	...	1	...	23
1	...	...	...	...	...	...	4
...	...	2	...	...	...	...	3
7	5	5	...	...	1	...	32

Table IV.—HOSPITAL TREATMENT.

Table showing results of Hospital Treatment

	Number under Treatment 1st day of Jan., 1924		Number admitted during the Year ended 31 Dec., 1924		TOTAL		Number discharged fit for work			No. sent to Sanatorium		Number Improved	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary		Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
							Tubercle bacilli absent from sputum	Tubercle bacilli present in sputum					
Boys	13	10	15	10	28	...	...	1	1	...	5	11	
Men	25	6	130	29	155	35	9	1	2	10	...	36	17
Girls	2	27	26	21	28	48	...	...	...	2	...	5	21
Women	9	5	127	14	136	19	4	1	2	6	...	40	5
Total . . .	36	51	293	79	329	130	13	2	5	19	...	86	54

Patients Treated (Sanatorium and Hospital) at:

Beechwood Hospital ...	44	Talgarth Sanatorium ...	54	South Wales Training Colony ...	4
Glan Ely Hospital ...	129	West Wales " ...	10	Burrow Hill Training Colony ...	1
Pontsam Hospital ...	2	North Wales Surgical Block ...	14	Maltings Farm Training Colony ...	1
Mardy Hospital ...	1	Adelina Patti Hospital ...	8	Beechwood and Glan Ely ...	14
North Wales Sanatorium ...	27	Cwmla Hospital ...	9	Beechwood and Cefn Mably ...	2
St. Bride's Hospital ...	29	Preston Hall San. and Colony, Kent	15	Cefn Mably Hospital ...	207
Sealyham Hospital ...	2			Glan Ely and Cefn Mably ...	1
TOTAL ...					574

of Pulmonary and Non-Pulmonary Cases.

Number Stationary	Number Worse	Number left off treatment against advice	Number discharged for disobedience	Admitted for observation and discharged as non-tuberculous	Number of Deaths				Number still under treatment last day of Year ended 31st Dec., 1924	
					Certified as primarily due to tuberculosis		Certified as primarily due to causes other than tuberculosis			
					Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
...	4	...	...	...	1	...	...	...	3	10
7	7	8	...	...	5	...	...	...	29	6
2	5	1	1	...	1	...	...	...	15	17
27	3	6	...	...	4	...	...	...	41	8
36	19	15	1	11	2	3	...	25	4	41

Places of Residence of these Patients:—

URBAN DISTRICTS—

Abercarn ...	32	Caerleon ...	4	Nantyglo & Blaina ...	28
Abergavenny ...	15	Chepstow ...	15	Panteg ...	10
Abersychan ...	27	Ebbw Vale ...	57	Pontypool ...	17
Abertillery ...	89	Llanfrechfa Upper ...	10	Rhydney ...	10
Bedwas & Machen ...	22	Llanfarnham ...	10	Risca ...	29
Bedwellty ...	79	Monmouth ...	10	Tredeggar ...	57
Blaenavon ...	2	Mynyddislwyn ...	27	Usk ...	1

RURAL DISTRICTS—

Abergavenny	...	..
Chepstow	...	7
Magor	...	2
Monmouth	...	6
Pontypool	...	...
St. Mellons	...	8
TOTAL		574

Table V.—INSTITUTE TREATMENT.

Table showing Results of Institute Treatment of

	Number under treatment 1st day of Jan., 1924		Number admitted during the Year ended 31st Dec., 1924		TOTAL.		Number discharged fit for work.		Number Improved	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
Boys ...	40	114	6	28	46	142	...	...	...	...
Men ...	278	76	96	24	374	100	...	...	...	...
Girls ...	72	123	7	24	79	147	...	...	...	...
Women ...	242	53	54	24	296	77	...	...	...	...
Total ...	632	366	163	100	795	466	...	...	...	...

Table VI.—HOME TREATMENT.

Table showing the results of treatment of Pulmonary and Non-Pulmonary cases, treated at

	Number under Treatment 1st day of Jan., 1924		Number admitted during the Year ended 31 Dec., 1924		TOTAL.		Number discharged fit for work		Number Improved	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
Boys ...	10	36	2	11	12	47	...	...	...	...
Men ...	170	47	45	13	215	60	...	...	...	...
Girls ...	23	46	3	10	26	56	...	...	...	...
Women ...	121	33	34	16	155	49	...	...	...	...
Total ...	324	162	84	50	403	212	...	...	...	...

Pulmonary and Non-Pulmonary Cases.

Number Stationary		Number Worse		Number left off treatment against advice		Lost sight of or left area		Number of Deaths.				Number still under treatment last day of Year ended Dec. 31st, 1924	
								Certified as primarily due to tuberculosis		Certified as primarily due to causes other than tuberculosis			
Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
...	...	...	...	...	...	3	2	1	5	...	2	45	133
...	...	...	...	...	...	1	1	66	6	2	3	303	90
...	...	...	...	...	...	5	2	7	4	...	2	71	139
...	...	...	...	...	...	5	1	66	2	2	...	233	74
...	...	...	...	...	...	9	6	140	17	4	7	652	436

home by the medical practitioner in consultation with Tuberculosis Physician.

Number Stationary		Number Worse.		Number left off treatment against advice		Lost sight of or left area.		Number of Deaths.				Number still under treatment last day of Year ended 31st Dec., 1924	
								Certified as primarily due to Tuberculosis		Certified as primarily due to causes other than Tuberculosis			
Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
..	..	..	..	..	..	..	2	1	3	..	..	11	42
..	..	..	..	..	1	2	..	42	3	..	..	171	56
..	..	..	..	..	..	1	2	2	3	..	1	23	50
..	..	..	..	..	..	5	3	48	2	1	..	101	44
..	..	..	..	1	1	8	7	93	11	1	1	306	192

VENEREAL DISEASES.

The Treatment Centre for the County is at the Royal Gwent Hospital, Newport. Dr. P. C. P. Ingram is the Medical Officer in charge of the Centre.

The days and hours of the sessions are:—

Males.—Mondays at 4 p.m.
 Wednesdays at 2 p.m.
 Thursdays (old cases only) at 4 p.m.
 Fridays at 6 p.m.

Females.—Mondays at 2 p.m.
 Thursdays at 2 p.m.

Facilities for irrigation of cases of gonorrhœa during the intervals between the clinics are available at the Royal Gwent Hospital, Newport.

The bacteriological examinations in connection with the Centre are conducted at the County Laboratory by Dr. H. W. Catto, the County Pathologist and Bacteriologist, who has been approved for the purpose by the Ministry of Health.

Good results continue to accrue from the work of the Inquiry Officer, Nurse E. M. Walters, amongst women and children suffering from Venereal Disease. This officer visits female patients (old and new) to encourage them to undergo, and persevere with, treatment at the Clinic. She also attends at the Treatment Centre on the days fixed for female patients. The work accomplished by her during the year was as follows:—

No. of visits paid in the Administrative County:—

	1924	(1923)
To new cases which came to her knowledge and which had not undergone treatment	453	(254)
To old cases in which visits to the Treatment Centre had been discontinued before completion of treatment, also to old cases still under treatment ...	1782	(946)
To members of Voluntary Agencies, District Nurses, etc.	404	(235)
To suspicious cases (under observation)	49	(41)
Total	2686	(1476)

Lectures upon the Prevention and Treatment of Venereal Diseases were delivered in various parts of the County during the winter by Dr. W. J. Roche;

Newport, (to men), and Dr. Mary H. M. Gordon, Newport, (to women). Their reports are as follows:—

A.—Dr. W. J. Roche.

“ It gives me very much pleasure to report on the Venereal Diseases Campaign in the County. This is the second year that I have lectured on this subject, and I am glad to say that the campaign in comparison with the first year was a colossal success from every point of view.

Occasionally the lectures were handicapped by bad weather but nevertheless the attendances were very good generally. I feel I must make special mention of the lecture at Risco. It was a terrible night, but there was an attendance of 250 enthusiastic listeners. Generally the attendances were best in Workmen's Institutes, although occasionally the attendances in Chapels was surprising, e.g., Nantyglo, 120. The reason I remark about attendances in Chapels is because in some districts I was told that some people were averse to attending lectures in Chapels which were not of their own denomination. A very pleasing feature was the general feeling of satisfaction and appreciation expressed by the audiences, at the Council's action in spending money on a campaign of such vital importance to the general public health. Everywhere the wish was expressed that such lectures would be continued and the Chairman and proposers of votes of thanks in most cases promised to help and stimulate others to help to make the lectures a success. On several occasions it was suggested by audiences that one lecture per year on such an important subject was not sufficient.

The literature which was distributed after the lectures was received with avidity, and I exhorted the recipients when they had finished its perusal to pass on the pamphlets to their friends so that people who did not attend the lectures might become acquainted with the ravages produced by Venereal Disease and it might also stimulate them to attend a lecture on a future occasion.

The ignorance of the general public on this important public health subject is appalling—gonorrhœa is considered a very trivial disease, and syphilis an incurable one—in most cases the knowledge which they have gleaned had been from the retailing of unsavoury stories—and the facts incorrect—most people think venereal disease is very uncommon, and on interrogation in several districts I ascertained that the public considered that the incidence was about one case in every 3,000 people, and they were surprised when told that 16 per cent. of the adult population had been infected at one time or another.

On many occasions after lectures men confided in me that they had stopped treatment for syphilis when the chancre had disappeared, and they were astounded when I related in the lecture that the disease at that period was only in its earliest stage, and that the most infective stage had not yet arrived. Men who had morning gleet as a result of gonorrhœal infection were surprised when I told them that in that stage they were highly infective and that it was the most usual period for gonorrhœa to be transferred to healthy women by men who thought they were cured.

My reception everywhere was excellent and generally the organisation of the meetings was good. It was suggested to me by several chairmen at meetings that if the Miners' Federation were acquainted of the lectures in the various districts that they would make an official appeal to the men to attend a discourse on such an important subject.

Before concluding I feel that Dr. Rocyn Jones and the Public Health Committee of the County Council are to be congratulated on organising a campaign the function of which is to raise the moral standard and reduce the incidence of diseases which are annually increasing.

Lectures were convened at the following Centres:—

	Numbers in Attendance.			
New Tredegar	...	...	...	40
Machen	...	...	...	40
Rhymney	...	...	...	100
Crumlin	...	...	...	30
Abergavenny	...	No lecture owing to small attendance.		
Aberbargoed	...	...	...	70
Pontypool	...	...	...	70
Cwmbran	...	...	...	90
Pontnewydd	...	...	...	35
Blaina	...	...	...	300
Newbridge	...	...	...	100
Cwm	...	...	...	80
Blackwood	...	...	...	25
Monmouth	...	...	...	30
Tredegar	...	...	...	50
Risca	...	...	...	250
Griffithstown	...	...	...	30
Abercarn	...	No lecture owing to small attendance.		
Wattsville	...	...	...	40

B. Dr. Mary H. M. Gordon.

" In all, 20 lectures were arranged and delivered in various parts of the County, in industrial and rural areas.

The attendances on the whole were good, even though in some of the areas weather conditions were none too favourable on the evening of the lecture.

Great credit is due to all the Local Secretaries for the zeal and energy showed in making known the date of lectures in their respective districts, and in stimulating the people to attend.

At Rhymney and Risca the attendances were specially good, the audience in each case numbering approximately 300. At only two of the places visited was the attendance poor, but a heavy snowstorm in each of the areas probably accounted for the smallness of the audience.

At each lecture the audience listened in a most sympathetic and attentive manner and seemed very grateful for the information and advice given. It was inspiring to see numbers of young girls attending the lectures—at Rhymney the older Girl Guides turned out in full force. I feel sure, however, that there are still many young girls who might avail themselves of the opportunity to attend such lectures.

At the close of each address, numerous very intelligent questions were asked, and what seemed to strike everyone with great force was the fact that the diseases in question could be handed down by parents to their innocent children. The spread of infection to young children by public lavatories was a fact that seemed to strike the mothers present very forcibly.

In many of the places the wish was expressed that lectures on the subject could be delivered more often. All who attended the lectures declared themselves very grateful to the Monmouthshire County Council for having given them the opportunity to learn about these diseases.

The lectures dealt mainly with two of the chief venereal diseases, Syphilis and Gonorrhœa, particular stress being laid on the causation and means of prevention of them. The need for prompt and efficient treatment of them was also laid emphasis on, and the facilities for treatment offered by the Monmouthshire County Council at the Royal Gwent Hospital were fully explained. The lecture concluded with a talk to mothers and young girls on matters relating to sex hygiene, which was much appreciated.

In conclusion I would say that one would like to see more young people attending such lectures to help with the preventive side of the question. I also think that the enthusiasm of the people should be kept up by giving them an opportunity of hearing further lectures on the subject from time to time."

The following is the report of Dr. P. C. P. Ingram upon the results of the year's work at the Treatment Centre:—

“ Last year a small increase was noted as against a decline in the two previous years—this year the increase is larger, a small decline in the cases of syphilis, which has been persistent since the year 1921, being more than set off in the cases of gonorrhœa, soft chancre and those found not to be suffering from venereal disease. As regards this latter it will be noted that the figures for the females appear large in proportion but they include infants whose mothers have had treatment at the Clinic and these as a result of the ante-natal treatment have been found to be free from disease.

A nearly four fold increase in the number of patients discharged on completion of treatment, i.e., as having passed the tests and being cured, is partly accounted for by these non-venereal cases, but there is again a gratifying increase in the figures both for Syphilis and Gonorrhœa. These should now show a further increase each year. To pass the tests as laid down by the Ministry of Health, and these are invariably carried out before a patient is shown as discharged cured, means in the case of syphilis a minimum of two and a half years observation and treatment; two years being required for the tests alone after cessation of treatment, while a patient with gonorrhœa may consider himself fortunate if the treatment and subsequent tests are over in four months, hence many of the cases shown in this column commenced their treatment over two years ago.

The attendance of the women and children, thanks largely to the good work done by the Lady Enquiry Officer again shows a very satisfactory increase, reaching for the first time over 2,500 as compared with about 2,000 in the preceding year; and the attendance of those suffering from syphilis are over 2,000 for the first time. These figures should later be reflected in a large increase in the number discharged cured. There is no doubt that it is not an easy matter to get patients of either sex to attend regularly and for the rather long period required until they can be discharged as cured. In a large proportion of cases after two or three weeks' treatment the pain or disability is almost negligible, he or she remains at their usual occupation and are in quite a different position from those suffering from a disease or illness which interferes with their work.

Additional drugs as salvarsan substitutes were approved by the Ministry of Health in 1923, and another of them, a Bismuth compound, appears for the first time, 191 doses having been given with satisfactory results.

There is an increase in the number of Pathological examinations concomitant with the general increase in the work. This most important branch is likely to increase in the future. Additional methods are coming into use both in the diagnosis and in observations carried out on the course of the diseases.”

Details of the work carried out at the Laboratory and Treatment Centre during the year 1924, are as follows:—

1.—COUNTY LABORATORY, COUNTY HALL.

RETURN OF SPECIMENS EXAMINED.

	1924.										GRAND TOTAL.	Previous Year (1923).	
	For detection of Spirochaetes.		For detection of Gonococci.		For Wassermann reaction (Syphilis).		Other Examinations.		TOTAL.				
	Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males			
From County of Monmouth—													
Treatment Centre ...	65	8	506	196	544	437	18	5	1133	646	1779	1527	
Practitioners ...	—	—	103	20	179	72	—	1	282	93	375	371	
From County Borough of Newport—													
Treatment Centre ...	117	6	480	87	513	160	10	2	1120	255	1375	1349	
Practitioners ...	2	—	106	17	143	84	—	—	251	101	352	376	
From Other Districts— (All from Treatment Centre) ...													
Glamorganshire ...	1	—	12	1	6	1	—	—	19	2	21	18	
Breconshire ...	2	—	1	—	8	—	—	—	11	—	11	8	
Other Counties ...	1	1	1	1	4	1	—	—	6	3	9	2	
Totals ...	188	15	1209	322	1397	755	28	8	2822	1100	3922	3651	

No. of doses of substitutes for Salvarsan supplied to Medical Practitioners:—

		1924.	1923.
Novarsenobillon	·6 grm. =	226	133
„	·45 „ =	15	81
„	·3 „ =	16	32
Galyl	·4 „ =	42	—
		<u>299</u>	<u>246</u>

The number of practitioners upon the register for the supply of salvarsan substitutes is twenty.

2.—TREATMENT CENTRE.

(ROYAL GWENT HOSPITAL, NEWPORT).

Returns of Dr. P. C. P. INGRAM, Medical Officer of Centre, to the Medical Officer of Health, relating to persons residing in the County of Monmouth.

	1924.			1923.		
	Males.	Females.	Total.	Males.	Females.	Total.
1.—Number of persons deast with at or in connection with the Out-patient Clinic for the first time and found to be:—						
Suffering from syphilis ...	59	50	109	75	65	140
" " soft chancre ...	26	—	26	14	—	14
" " gonorrhœa ...	128	37	165	104	23	127
Not suffering from venereal disease ...	60	77	137	46	45	91
Total ...	273	164	437	239	133	372
2.—Number of persons discharged from the Out-patient Clinic after completion of treatment for:—						
Syphilis ...	16	10	26	14	2	16
Soft chancre ...	10	—	10	3	—	3
Gonorrhœa ...	34	7	41	21	6	27
Not suffering from venereal disease ...	73	94	167	18	3	21
Total ...	133	111	244	56	11	67
3.—Number of persons who ceased to attend the Out-patient Clinic without completing treatment, and who were suffering from:—						
Syphilis ...	80	64	144	51	24	75
Soft chancre ...	18	—	18	3	—	3
Gonorrhœa ...	99	37	136	56	37	93
Not suffering from venereal disease ...	—	—	—	9	12	21
Total ...	197	101	298	119	73	192
4.—Total attendances of all persons at the Out-patient Clinic who were:—						
Suffering from syphilis ...	1547	2068	3615	1919	1693	3612
" " soft chancre ...	138	—	138	120	—	120
" " gonorrhœa ...	1496	418	1914	1613	282	1895
Not found to be suffering from venereal disease ...	178	110	288	85	119	204
Total ...	3359	2596	5955	3737	2094	5831

				1924.			1923.		
				Males.	Females.	Total.	Males.	Females.	Total.
5.—Aggregate number of "In-patient days" of treatment given to persons suffering from:—									
	Syphilis	...	...	199	283	482	155	174	329
	Gonorrhœa	...	...	278	416	694	285	290	575
	Soft Chancre	...	...	34	—	34			
	Total	...	...	511	699	1210	440	464	904
6.—Number of persons treated with Salvarsan substitutes				208	217	425	261	192	453
7.—Number of doses of Salvarsan substitutes given:—									
Name of Drugs—Novarsenobillon									
Silersalvarsan									
Stabilarsan									
Sulfarsenal									
	dose	.01	...		—			1	
	dose	.05	...		66			52	
	dose	.1	...		92			35	
	dose	.15	...		13			22	
	dose	.18	...		6			5	
	dose	.2	...		214			215	
	dose	.3	...		432			394	
	dose	.36	...		7			5	
	dose	.4	...		—			6	
	dose	.45	...		542			511	
	dose	.5	...		—			18	
	dose	.6	...		357			393	
	dose	.75	...		3			—	
Name of Drug—Biereol									
	dose	1cc	...		142			—	
	dose	5cc	...		49			—	
	Total	...	...		1923			1657	
8.—Examinations of Pathological material:—							Males.	Females.	Total.
Specimens from persons attending at the Treatment Centre which were sent for examination to an independent Laboratory—									
	For detection of spirochaetes	...	...		73		63	9	72
	For " " gonococci	...	...		702		454	133	587
	For Wassermann reaction	...	...		981		518	308	826
	Others	...	...		23		27	13	40
	Total	...	...		1779		1062	463	1525

DISINFECTION.

Disinfection of Schools.

The disinfection of Schools following outbreaks of infectious disease is now carried out by the County Sanitary Inspector, and the " MacKenzie Spray " with a solution of " Kerol " is used.

Disinfection of Rooms, etc.

Two methods of disinfecting rooms are generally in practice in the County, viz., by gaseous disinfectants or by liquid disinfectants. Advantages are claimed for each system, both being equally efficient if carried out thoroughly, but there is no doubt that the latter saves a considerable amount of time and inconvenience.

The disinfection of rooms is systematically done in all the districts in the County, but complaints have been received by the County Authorities that where gaseous disinfection is used, adequate measures to prevent the escape of the sulphurous acid gas or the formalin gas used, are not always taken. The lack of central administration in Rural areas is the cause of regrettable delays in some instances.

Disinfection of Bedding, Clothes, etc.

The absence of facilities for the disinfection of bedding, clothes, etc., in the County, is greatly to be deplored. In a very few districts only has provision for steam disinfection been made. Some areas adjoining the County Borough of Newport make arrangements with the Borough Authority for the work to be done at a fee.

Apart from disinfection by steam, the prevailing course is to include the bedding and clothing in the room to be treated with gaseous disinfectant, and where this is not done—and instances are known—the articles are not disinfected. The idea that so called disinfectant soaps are effective germicides is present in the minds of an astounding number of people. These preparations, which are in the main little more than deodorants, should on all occasions be discouraged as a means for disinfection. Liquid disinfectants are distributed by many Local Authorities to households where infectious disease occurs.

In the absence of satisfactory arrangements for most of the Sanitary Authorities, it would appear that the provision of a County Travelling Disinfectors is the solution to the present difficulties.

SANITARY ADMINISTRATION.

Mr. W. E. Thorn, A.R.S.I., M.S.I.A., the County Sanitary Inspector, assists the County Medical Officer in his sanitary investigations. Where the local Council is involved, he is accompanied by the Sanitary Inspector for the district concerned. Mr. Thorn is also qualified as an Inspector of Meat and Other Foods.

His duties during the year may be summarised as follows:—

Investigations of—

- Sanitary conditions of Schools.
- Pollution of Rivers and Streams.
- Causation of Outbreaks of Infectious Disease.
- Water Supplies of the County.
- Tuberculosis in Cattle.

Nuisances arising from—

- Drainage, Sewerage and Sewage Disposal.
- Refuse Disposal.
- The Keeping and Slaughtering of Animals, etc.
- Offensive Trades.

Inspections of—

- Dairies and Cowsheds.
- Dwellings where insanitary conditions, overcrowding, etc., were reported.
- Home conditions of persons suffering from Tuberculosis, etc.
- Taking of samples of water, milk, and sewage effluent for bacteriological and chemical examination at the County Laboratory; the disinfection of premises; attendance at Enquiries, etc.

During the year 22 Schools were disinfected after closure due to infectious diseases.

Under the County Medical Officer's scheme for securing a clean and wholesome milk supply, 171 "informal" samples were taken. All the samples were examined by the County Pathologist for tubercle, zymotic disease and dirt contamination, and his comments will be found later in this Report under "County Laboratory." Where an unsatisfactory result is shewn, a letter of warning is sent by the officials of the local Council to the producer or retailer from whom the sample was taken.

The working of the scheme has had far reaching effects upon the purity of the milk supply in the districts in which operations have so far been carried out: increased attention to details of cleanliness and better conditions of production, storage and distribution having resulted. In order that the fullest benefit shall be gained from the scheme and the improvements secured be maintained, it is desirable that repeat samples be periodically taken.

Investigations have also been carried out where farmers and milk sellers have contemplated the selling of any "Graded Milks" provided for under the Milk and Dairies (Amendment) Act, 1922. Four farms in the Administrative County are now producing "Grade A" Milk. The milk from three of these

farms (Chepstow, Castleton and Rumney) is retailed in Cardiff, although the last named supplies a few customers on the Monmouthshire side of the boundary, the licence for which has been granted. The remaining farmer both produces and retails in the Borough of Monmouth and district. The requisite periodical visits and sampling are carried out.

A considerable amount of the statistical work of the department is also prepared by this official.

WATER SUPPLY.

With an annual rainfall again well above the average, supplies generally were reported good and sufficient, but it is to be feared that an extended period of drought in any year would give rise to serious conditions in many parts of the County, and every effort would have to be made to conserve supplies.

Excellent progress has again been made with the Abertillery and District Water Board's Gwryne Fawr scheme. 24,156 cubic yards of masonry have been built into the dam, which at the end of the year had reached a height of 95 feet above stream level. The Gwryne Fawr water is being supplied to constituent areas through a 16in. steel main, pending the completion of the works.

The supply of the Shon Sheffrey spring, which serves the major portion of the Tredegar Urban District and considerable portions of the Bedwellty Urban District, and the area served by the Abertillery and District Water Board is now filtered and is reported to be of a high degree of purity.

The Rhymney Valley is supplied by the Rhymney Valley Water Board, which has taken over the distribution of water previously performed by the Rhymney and Aber Gas and Water Company and other authorities in the valley, the chief source of supply being the Taf Fechan Water Board. Cefn Forest is supplied with water from the Britannia Colliery.

The water supply of the Ebbw Vale Urban District not only meets the needs of that district, but also those of Nantyglo and Blaina, and part of Tredegar. This water is of an actively plumbo-solvent nature.

The Pontypool Gas and Water Company supply Pontypool and most of the Panteg district.

The water supply for the Llantarnam Urban District is reported by the Medical Officer of Health to be inadequate, while a sample showed considerable organic impurity. This area is supplied from the reservoir of the Llanfrechfa Upper Urban District.

The Medical Officer of Health for the Mynyddislwyn Urban District states that the intake filter for their reservoir, situated below Mynyddislwyn Church, is a source of danger.

In the Rural areas of the County where the supplies are largely from wells and springs, there arise from time to time instances of contamination from surface water, etc. These cases are promptly dealt with, but there are many more that, with reasonable care on the part of the users, could be productive of water of a purer quality.

SEWERAGE AND DRAINAGE.

The Rhymney Valley Main Trunk Sewer is now practically completed, and in some districts the construction of subsidiary sewers has commenced. The forthcoming year should see a big advance in the work of preparing to connect up, and it is to be assumed that we shall see the Rhymney River free from serious sewage pollution, at no very distant date.

The Western Valleys Main Trunk and Sirhowy Valley Sewers can still be taken more advantage of and the Local Authorities concerned are urged to take the steps necessary. The Tredegar Urban District has made considerable progress during the year.

Conditions in the Eastern Valley become more acute each year, the Panteg Urban District being the only authority making any attempt to treat crude sewage before its entry into the river. There seems little likelihood of any sewerage scheme being proceeded with for some years to come.

It is to be regretted that the sewerage arrangements for that part of the village of Hafodyrynys, administered by the Abersychan Urban District Council have not received attention, and the objectionable pail closet and slop water cesspit system is a prevailing nuisance.

In the Risca Urban District sewer extensions were laid to the housing site on the Tynyewm estate.

The construction of a new scheme of sewerage and sewage disposal for the villages of Croesyceiliog, The Garw, and Lower Pontnewydd, in the Pontypool Rural District, was completed at a cost of £2,370.

The conversion of privies and earth closets to water closets, the fixing of flushing tanks in place of hand flushing, and the replacement of old closet pans by those of the pedestal type, are improvements gradually being effected each year. Cases where one closet serves two or more houses are also less frequent than hitherto.

POLLUTION OF RIVERS.

The Afon Llwyd and the Rhymney River still serve as open sewers for the valleys through which they flow, though the latter stream will shortly benefit from the completion of the Rhymney Valley Main Trunk Sewer.

The tipping of colliery refuse in close proximity to the river banks, which in many cases has an effect upon the course of the stream, has received attention, but continued supervision is essential.

It is a regrettable feature that the rivers in the industrial parts of the County are considered by so many people as the natural dumping places for refuse and filth of all descriptions, varying from discarded machinery to decomposed food. The County Sanitary Inspector in the course of his investigations reports drainage from slaughterhouses, animal sheds and manure heaps; wholesale tipping of house refuse and trade refuse from premises adjoining the streams, and this in districts where a frequent collection of house refuse is made. Warning notices, followed by proceedings in a few cases would, perhaps, have the effect of markedly diminishing the practice. The attention of those local Authorities having refuse tips near the river banks is again called to the careless tipping which results in quantities of tins, etc., finding a resting place in the river bed.

Obstructions in the river beds sometimes give rise to very grave complications, for the slightest diversion of the scour of the water, for a few days even, can cause a permanent change of the river's course, to the detriment of adjoining property.

HOUSE REFUSE AND SCAVENGING.

Scavenging is carried out in the industrial areas either by the local Council, by Contractors, or by both. Although in a few districts a daily collection of house refuse is undertaken, in most cases it is carried out at intervals of two or three days.

Tipping on land is practically general, only two Councils having installed Refuse Destructors, viz., Abertillery and Pontypool. The latter district is now increasing its provision to cope with the increased amount of refuse. It is becoming more and more difficult to find sites for tipping in many areas, and the provision of destructors is the only solution to what is fast becoming a serious problem. It is pleasing to note the increasing number of Medical Officers who recommend such a course to their Councils.

Motor lorries are replacing horse drawn vehicles in several areas, and on account of the increased speed, adequate covers should be fixed to prevent refuse being blown about. The collections should be made as early in the day as possible, before food shops open and their deliveries commence.

Some Rural Authorities have taken steps to inaugurate a system of collecting for the populous parts of their district, usually adjoining a town. A long wanted improvement that is to be commended.

HOUSING.

The following table shows the progress made in the construction of new dwellings by the District Councils during the year:—

**Position of Housing Schemes of the various
Councils at 31st December, 1924.**

	Total Number of Houses originally proposed to be erected.	Total number completed.	Total No. completed during 1924.	Remarks.
URBAN.				
Abercarn ...	702	258	1	3 Houses and 4 Bungalows in addition, private enterprise.
Abergavenny ...	240	22	—	12 in addition, private enterprise.
Abersychan ...	1000	214	40	32 in addition, private enterprise.
Abertillery ...	80	86	14	
Bedwas and Machen	400	144	—	1 in addition, private enterprise.
Bedwellty ...	1100	214	12	37 in addition, private enterprise.
Blaenavon ...	144	144	—	4 houses, private enterprise.
Caerleon ...	—	—	—	1 House, private enterprise
Chepstow ...	—	—	—	No Council Scheme. 1 House by private enterprise, and 7 under construction.
Ebbw Vale ...	240	298 houses 45 huts	—	3 Houses erected.
Llanfrechfa Upper	60	16	—	5 houses, private enterprise.
Llantarnam ...	175	26	10	7 Houses, private enterprise.
Monmouth ...	—	—	—	No report received.
Mynyddislwyn ..	128	~~130 FEB~~	~~70~~	~~70 nearing completion. 100 72~~ in addition, under the PRIVATE ~~Assisted Scheme of the~~ ENTERPRISE ~~Council.~~
Nantyglo and Blaina	186	84	—	20 in course of erection.
Panteg ..	160	141	30	32 in addition, private enterprise.
Pontypool ...	260	130	—	
Rhymney ...	150	50	—	10 Houses under Council's assisted Scheme. Further 28 not completed.
Risca ...	750	166	11	
Tredegar ...	500 brick houses 25 wooden bungalows	100 houses 25 bungalows	—	1 House, private enterprise.
Usk ...	—	—	—	4 by private enterprise.
RURAL.				
Abergavenny ...	116	—	—	5 by private enterprise.
Chepstow ...	130	—	—	13 by private enterprise.
Magor ...	—	—	—	12 by private enterprise.
Monmouth ...	24	10	—	6 by private enterprise.
Pontypool ...	20	20	—	7 by private enterprise.
St. Mellons ...	138	122	—	58 by private enterprise.

Progress in housing has been anything but satisfactory, the meagre provision made is not sufficient to meet the normal population increase, to say nothing of the "millstone" of arrears created during and since the War.

The original Housing Schemes of many of the local Councils show a total of houses proposed to be erected which are not likely to be attained under the present economic conditions. With Local Authorities reaching their limit, and the activities of private builders being mostly confined to the construction of what might be called the residential class of property, the outlook for houses for the working classes is depressing, and constitutes the biggest obstacle to an improved public health.

Section 28 of the Housing, Town Planning Act, 1919, is to be commended to Local Authorities as enabling them to get such work done as will render unfit dwellings fit for habitation. The number of notices complied with in proportion to the number served is not what it might be, particularly is this so in the case of action by Local Authorities in default of owners.

SALE OF FOOD AND DRUGS ACT.

At the meeting of the Works and General Purposes Committee, held on the 13th July, 1920, it was decided that the County Medical Officer should exercise general supervision over the action to be taken in pursuance of the Acts and Regulations under the Sale of Food and Drugs Acts, and that he, the County Analyst, and, if necessary, the Clerk, should confer as to the details of the proceedings necessary to secure observance of the Acts and Regulations.

The Administrative County is divided into three districts for the purposes of these Acts, as follows:—

District "A," under the supervision of Inspector T. H. Lewis, assisted by Mr. I. G. Davies, and comprising the Municipal Boroughs of Abergavenny and Monmouth, the Urban Districts of Abersychan, Blaenavon, Llanfrechfa Upper, Llantarnam, Panteg, Pontypool and Usk, and the Rural Districts of Abergavenny, Monmouth and Pontypool.

District "B," under the supervision of Inspector G. G. Probert, assisted by Mr. T. R. Davies, and comprising the Urban Districts of Abertarn (Part), Abertillery, Bedwellty, Ebbw Vale, Mynyddislwyn (Part), Nantyglo and Blaina, Rhymney and Tredegar.

District "C," under the supervision of Inspector J. R. Gamble, assisted by Mr. Harold S. Williams, and comprising the Urban Districts of Abertarn (Part), Chepstow, Llantarnam, Mynyddislwyn and Risca, and the Rural Districts of Chepstow, Magor, and St. Mellons.

During the year 988 samples were examined by the County Analyst, Mr. G. R. Thompson, F.I.C., F.C.S.

The following schedule gives details of the samples taken for analysis and in which Police Court proceedings were instituted, arranged according to the respective districts:—

District in which sample was taken.	Nature of Sample.	Extent of Adulteration, etc. of Sample.	Result of Police Court Proceedings.
Abercarn ...	Milk.	16 % deficient in fat ...	To pay £5 5s. 0d. costs.
Abergavenny ...	„	13.18% added water ...	Fined £3.
Abersychan * ...	„	7.67% deficient in fat ...	To pay £2 2s. 0d. costs.
Do. * ...	„	18.67% deficient in fat ...	To pay £2 2s. 0d. costs.
Bedwellty ...	„	16% deficient in fat ...	Fined £10.
Do. ...	„	18.33% deficient in fat ...	Fined £10.
Blaenavon ...	„	41.67% deficient in fat ...	To pay £4 costs.
Mynyddislwyn ...	„	4.59% added water and 5.4 deficient in fat ...	Fined £5 5s. 0d.
Do. ...	„	3.18% added water and 21.82% deficient in fat ...	Fined £5 5s. 0d.
Pontypool Urban ...	„	19.0% deficient in fat ...	Fined £5.
Chepstow Rural ...	„	36.0% deficient in fat ...	Dismissed.
Do. ...	„	24.66% deficient in fat ...	Dismissed.

* Same vendor.

Thirteen vendors were cautioned during the year, all on account of unsatisfactory samples of milk. Of the “ informal ” samples taken three were adulterated, 2 milk and 1 butter.

The report of the County Analyst for the year is as follows:—

“ In presenting to you my Annual Report as Analyst under the Food and Drugs Act for the year ending December, 1924, I have the honour to inform you that I have analysed 988 samples, all of which have been submitted by the Inspectors appointed under the Act, none having come from any Local Authorities direct.

The Inspectors have sent in as under:—

From Division “ A ”	...	...	...	...	253 Samples.
Division “ B ”	...	...	...	...	367 ..
Division “ C ”	...	...	...	...	368 ..

Of these, 86 have been Informal or Trial samples, but for the purposes of this Report, all are included in the total number referred to. Following on my usual custom, the various samples have been grouped under headings which summarised show:—

Milk, 603; milk products, comprising condensed milk and butter, 45; lard, 34; margarine, 2; pudding stuffs such as flour, baking, egg, custard and blanc-

mange powders, sago, tapioca, jam, etc., 191; bread, 2; beverages, including coffee, cocoa, etc., 37; spices and condiments, pepper, ginger, vinegar, etc., 44; drugs of various kinds, 16; peas, 12; and potted and preserved meats, 2.

Milk: From its importance both from the point of view of value as a food and its liability to sophistication a very large proportion of the total samples taken were of milk, namely, 603; and of these I have certified against 29 as being adulterated, 4 proving the presence of added water, 22 being deficient in fat, and 3 with both added water and deficiency in fat.

Those samples showing added water ranged from 4.47% to 13.18%, which form of adulteration is now far less common than in former years, probably owing to the fact that a defence is extremely difficult to sustain in such cases, and when proved is usually dealt with somewhat severely by the Bench. Three samples contained added water and were in addition deficient in fat, only one of which I considered a really very serious case, but we had 22 samples which fell far below the limits for genuine milk in that they showed deficiencies in fat ranging from 4% to as much as 41.67%, and the vast majority of these deficiencies were in my opinion serious, some being indeed very serious and utterly incapable of explanation as being other than deliberate abstraction of fat by skimming or otherwise removal of fat, or more probably by the easier plan of addition of separated milk to the whole full-cream milk.

This offence as you are fully aware from my frequent comments in my quarterly reports, is a most difficult one to prove to the satisfaction of Magistrates, who whilst having to consider the fact as proved in the vast majority of cases are hedged round by Regulations which compel them to either dismiss or at most impose costs of hearing if the offender can only show to their satisfaction that the sample is "as it came from the cow" and unless an act or acts be committed which in the opinion of the Bench might lead to the possibility of tampering with the genuine product, they have unfortunately no option but to give the benefit of doubt (if any) to the person charged, still, it is a matter for serious consideration that the Act of Parliament is so vitiated by Regulations or High Court Decisions that Magistrates are prevented from punishing many cases which they cannot but feel are due to deliberate fraud but which fraud cannot unfortunately be proved; instances are perfectly well known to me, but outside my official position, wherein very considerable quantities of Separated Milk are consigned to and received by Vendors of milk but the amount of such actually sold is nothing to be compared with the quantity received and in many cases my experience goes to show that the quality of the milk received by rail especially, is very much higher than the milk when vended and this state of things will probably continue until such time as "milk" ceases to be "milk" if it falls below a definite standard, whereas at present any sample of any fat content, however low it may be, can be sold as "milk" and in competition with genuine milk of undoubted purity unless the prosecution can prove deliberate tampering whereby reduction of quality is brought about but which of course is a matter of extreme

difficulty, if not impossibility, in nearly every case; all that is necessary to form a good defence in law is for the person charged to swear that it is "as it came from the cow" even if the cow is known to give milk below standard, or simply to give evidence that it is to the knowledge of himself and those who handled it, untampered with, when the defence is good.

Condensed and/or Dried Milk ceases to be such if it is shown that it fails to reach a definite standard for fat and solids-not-fat and yet the raw material is free from such provisions and of course it follows that the Condensed Milk makers can if they desire refuse to accept poor quality milk or at any rate have the means of protecting themselves by paying according to quality.

It is satisfactory to be able to report however, the total absence of any instance of Preservative or Colouring matter having been found in any one of the samples received, but I feel bound to draw attention to the relatively large number of samples to which exception has been taken on the score of quality.

The detailed quality of the samples of milk analysed including those adulterated as above is set out herewith:—

(a) According to content of fat:

Under 3%	3 to 3.49%	3.5 to 3.99%	4 to 4.49%	4.5% and over.
25	228	222	84	44

(b) According to content of solids-not-fat:

Under 8.5%	8.5 to 8.69%	8.7 to 8.89%	8.9 to 9.09%	9.1% & over
7	99	200	185	112

The average composition of all samples analysed for the year is:—

Fat 3.59%, Solids-not-fat 8.87%; Total solids 12.46%.
and for the purposes of comparison over previous years I give the average comparison with percentage of adulterated samples as follows:—

Year.	Fat.	Solids not Fat.	Per cent. Adulterated.
1917	3.68%	8.71%	10.67%
1918	3.67%	8.63%	7.59%
1919	3.73%	8.74%	5.07%
1920	3.58%	8.61%	4.38%
1921	3.52%	8.84%	5.20%
1922	3.67%	8.84%	4.60%
1923	3.66%	8.88%	4.08%
1924	3.59%	8.87%	4.81%

The samples of Condensed Milk examined all complied fully with the Regulations as to quality and composition to be expected after dilution for use.

All the Butter samples were most carefully examined and no instance of admixture with foreign fats was found, but all were pure butter; the admissible percentage of water was not exceeded and in the case of those samples which contained boric acid as preservative, no excess was found and further no preservative except salt and boric acid was used.

The lard samples all proved most satisfactory; of high purity and with no admixture of foreign fats either vegetable or animal, and their content of water was quite satisfactory; no instance of excess of acidity either was found.

The Flour samples have come in for great attention in view of the general outcry of adulteration. I have not found a single case of adulteration with grain other than wheat, some few samples have shown the presence of the so-called "improvers" but when found the amount was very small and moreover nothing was found which could by any means be termed objectionable or injurious, and I have been unable to find evidence of the use of chemical bleaching agents in any sample submitted to me, so whatever may be the class of flour sold in other localities I cannot but speak in the highest terms of what must be taken as typical of the goods sold in our County.

Much has been said of late about baking, custard, egg and blanchmange powders, but whilst undoubtedly there are some objectionable substances which have been found to be sold in certain localities, I am satisfied of the quality of our samples.

Baking powders have shown great improvement in quality, and the poor grade, inefficient powders appear non-existent with us at present, the probability is that as I suggested in one of my earlier reports to you that they have automatically worked out their own destruction by reason of failing to satisfy the Housewife, who once more proved that the "best was the cheapest."

Custard and Egg powders still continue to be a somewhat popular form of articles of consumption, but are mainly dyed starch, perfectly harmless, but of doubtful nutritive value; the "egg" constituent is for the most part entirely lacking, although I have found some few to contain traces of the active principle of the egg, but generally samples are devoid of it, although I have had direct evidence that in one instance at any rate, wherein the label on the packet bore a statement that eggs were a constituent, it proved that six eggs were introduced into a ton of the ingredients (mainly starch) and thus was conscience and the letter of the law, fully satisfied.

Special attention has been given to the analysis of the Cocoa samples which have proved in nearly every case of very high purity and every sample has been

most carefully tested for the possibility of contamination by arsenic but not in any case have I found anything like the maximum permitted for any food-stuff, the bulk being entirely free.

Peas have proved as judged by the samples received to have been singularly lacking in copper colouring; even those samples which by their label were declared to contain "small but necessary quantities" for the most part contained so small a trace as to be almost nil and no exception could be taken to any one of them.

The search for preservatives in all samples has been fully carried out and although up to the present, no definite limits have been laid down for such, I am pleased to report the satisfactory state of the various articles examined, for the only chemical substance met with at all was boric acid, but in such amounts as to call for no adverse criticism.

Taking the results for the samples distributed over the year I can only report a general excellence; that good and wholesome articles of food are to be bought and to be sold, we have abundant proof, as most careful and searching tests for freedom from rank adulteration, cleanliness, absence of metallic contamination, abstention from colouring matters for disguising or improving poor colour of the natural article, have shown and our percentage of adulteration for the whole year is a very low one, namely, only 2.93%.

Reference possibly should be made to the important recommendations of the Select Committee upon Preservatives and Colouring matters in Foods now under consideration by a further Committee to frame Regulations upon the lines of the Report, but I think we may now look for a speedy and sound series of recommendations upon this most important matter whereby it will be distinctly laid down not only what Preservatives, if any, are to be permitted in our foodstuffs, but their permissible amounts, and especially if colouring matters are to be used, the precise nature of those materials to be so employed; meantime there is undoubtedly a feeling of disquiet in the minds of the community at certain revelations concerning the sophistication of foods, for there are certainly objectionable articles on the market and the sooner they are either removed or made the subject of stringent Regulations, the better for consumers in general.

Needless perhaps for me to remark, but I am keenly interested in this subject of adulteration and "faking" of foods, not only as your Public Analyst but from a personal sense, for I have the honour to inform you that it has fallen to my lot to be re-elected as President of the Society of Public Analysts, and this too during the fiftieth year of the life of the Society, and which fact alone brings me closely into contact with the inner workings of all matters connected with the problems of the purity of our food supplies."

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912 AND 1917.

Report of the County Analyst for the year ended 31st December, 1924:—

(1) Milk and Cream not sold as Preserved Cream.

(a) Number of samples examined for the presence of a Preservative.					(b) Number in which a Preservative was reported to be present.
Milk	...	...	...	603	Nil
Separated Milk	...	...	...	Nil	Nil
Cream	...	...	...	Nil	Nil
Condensed Milk	...	...	...	3	Nil

(2) Cream sold as preserved Cream.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the labels as to preservatives were correct.

Nil

(i) Correct statements made	...	...	...	Nil
(ii) Statements incorrect	...	...	...	Nil
(iii) Percentage of Preservative found in each sample.				Percentage stated on Statutory label.
	Nil			Nil

(b) Determinations made of Milk Fat in Cream sold as Preserved Cream.

(i) Above 35 per cent.	...	...	...	Nil
(ii) Below 35 per cent.	...	...	...	Nil

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved Cream in Article V (1) and the proviso in Article V (2) of the Regulations have not been observed.

Nil

(d) Particulars of each case in which the Regulations have not been complied with, and action taken.

Nil

(3) Thickening substances.—Any evidence of their addition to cream or preserved cream:—

Action taken where found	...	...	...	Nil
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(4) Other observations, if any

...	...	...	Nil
-----	-----	-----	-----

PUBLIC HEALTH LABORATORY.

Facilities are offered to all Medical Practitioners in the Administrative County for bacteriological examinations, and the services of the Pathologist and Bacteriologist are available for any other assistance which may be required in the diagnosis of cases of disease. The following table shows the number of specimens examined during the year and also in the previous year. The majority of the sputum tests were conducted for the Welsh National Memorial Association, whilst venereal diseases specimens for the most part came through the treatment centre at the Royal Gwent Hospital, Newport.

Table showing nature of specimens submitted for examination and the results thereof:—

Nature of Specimen.	No. Examined.		No. Positive.		No. Negative.	
	1923	1924	1923	1924	1923	1924
Wasserman Test for Syphilis ...	1977	2151	884	796	1093	1355
Smears and Urines for Gonococcus ...	1385	1533	295	303	1090	1230
Serum for Spirochaeta Pallidum ...	215	202	55	58	160	144
Sputa for Tuberculosis, etc.—						
For Tuberculosis Physicians ...	2099	2286	408	422	1691	1864
County Cases ...	384	372	92	58	292	314
Concentration Methods ...	139	71	—	—	—	—
Mixed Infections ...	112	50	—	—	—	—
Throat Swabs for Diphtheria ...	2874	4878	151	177	2723	4701
Widals ...	127	52	20	10	107	42
Hairs for Ringworm ...	129	88	63	39	66	49
Blood Films and Counts ...	57	70	—	—	—	—
Autopsies ...	9	1	—	—	—	—
Tissues for Section ...	161	205	—	—	—	—
Urines for Chemical Examination ...	335	295	—	—	—	—
Pus ...	109	108	—	—	—	—
Effusions ...	19	20	—	—	—	—
Vaccines ...	131	126	—	—	—	—
Waters ..	47	28	—	—	—	—
Milks ...	210	209	—	—	—	—
Miscellaneous ...	412	414	—	—	—	—
Total ...	10931	13159	—	—	—	—

The County Pathologist reports that:—

The total number of specimens examined in the County Laboratory during the year 1924, shows an increase of 2,228, as compared with the year 1923, this increase being chiefly due to the larger number of swabs examined for Diphtheria; although several other classes of specimens also show an increase.

Under the Venereal group it will be noticed that the number of exudates from sores yielding a positive result for the *Spirochaeta Pallidum* is practically the same as for the previous year, when a notable decrease in lesions of the skin and mucous membranes had already been observed. A study of these cases shows the following features:—Of the 58 positive cases 23 resided in the County Borough of Newport, 24 in the County of Monmouth, 2 in other Counties and 9 were sailors coming under the heading of "Port." Of the same 58 infections, 31 were contracted in the Borough of Newport, 15 in the County of Monmouth, 5 in other Counties and 7 in foreign countries.

The figures for Gonorrhœal specimens indicate an increase in the number of attendances at the Clinic and also apparently an increased incidence of the disease.

The number of "positive" examinations in cases of Pulmonary Tuberculosis is somewhat smaller than last year, but for practical purposes the figures show that the incidence of this disease has not undergone any notable diminution. This condition is likely to continue so long as the housing situation remains acute, as it is at present.

The incidence of Diphtheria during 1924 was greater than in 1923, the total notifications being 514, as compared with 369 for last year, an increase of 155 or a little less than 50%. It will be noticed, however, that the number of "positive" swabs was 177 which when compared with the figure 514, shows that the diagnosis depended more on clinical observations than on bacteriological findings. In view of the fact that only practically a third of the cases were examined bacteriologically it is legitimate to suppose that the re-swabbing during the convalescent stage before the patients were allowed to mix with the general public, was practised as little as possible, and this to my mind constitutes a serious factor in the continued prevalence and exacerbations of this infectious disease.

MILK.—The milk examinations were continued during 1924, the object of the investigation being not so much to determine the quality of the milk in regard to its chemical composition—a line of work which properly belongs to the County Analyst's Department, and which is dealt with under the Sale of Foods and Drugs Act—but to ascertain by bacteriological methods the degree of cleanliness and wholesomeness of the milk at the time of its being sold to the consumer.

The examinations undertaken in the case of each sample have been:—

1. The enumeration of the total number of bacteria.
2. The estimation of the B.Coli content.

3. The microscopical examination of the centrifugalized deposit for the detection of starch granules, gross particles of dirt, pus, blood, etc.
4. The microscopical examination of the cream and centrifugalized deposit for Tubercle bacilli.
5. Cultural examination for Diphtheria, Typhoid, Paratyphoid, and Dysentery bacilli.
6. Guinea pig inoculations for the detection of B. Tuberculosis.
7. In addition, the common antiseptics were always tested for qualitatively, as naturally the presence of any of these bodies would have had an influence on the bacterioscopic picture. These were never found.

Of the 209 samples of milk examined at the County Laboratory 171 belong to this research, and from the results obtained they can be classified as follows:—

1. Those which conform to the standard laid down by the Ministry of Health for " Certified Milks "	...	39
2. Those which conform to the standard laid down for " Grade A " milks	... ..	50
3. Those which conform to the standard laid down for " Grade A " milk as regards the total number of bacteria, but contain B.Coli in 1/100cc though not in less (This group would constitute borderline cases).		2
4. Those which are unsatisfactory in that they possessed a high bacterial content (this in several cases numbering many millions), but are satisfactory in respect of their B.Coli content	... ..	24
5. Those which are unsatisfactory because of a high B.Coli content, though not containing more than 200,000 bacteria per cc.	... ..	19
6. Those which are unsatisfactory on account of the high bacterial content as well as a high B.Coli content	...	37

Therefore, of the 171 samples of mixed milks as retailed to the consumer 91, or 53%, were of a satisfactory standard of purity; 80, or 46%, were frankly unsatisfactory; while 2, or 1%, formed a borderline group.

These figures, when compared with last year's, show exactly the same satisfactory and unsatisfactory milks. There is no doubt that continuous examinations and re-examinations will be necessary to bring about an improvement in the specimens, and it is proposed during the coming year to initiate new arrangements for the purpose of making these analyses more numerous and continuous.

TABLE SHOWING THE NUMBER OF SAMPLES TAKEN IN EACH DISTRICT.

[illegible]

In no instance were the bacilli of Diphtheria, Typhoid, Paratyphoid or Dysentery isolated, whilst with respect to the *Bacillus Tuberculosis*, this was discovered on two occasions by means of the animal inoculation test. The farms implicated were visited by the County Sanitary Inspector, County Veterinary Inspector and officials of the Local Authority, and the diseased animals in each instance identified, removed from the herd and dealt with satisfactorily.

Of the 205 tissues for sections, 53 are grouped as malignant growths; 16 were cancers of the breast of which seven had secondarily involved lymphatic glands, 18 were carcinomata from other regions of the body such as uterus, liver, pylorus, ovary, intestine, etc. Eight were epitheliomata from regions such as lips, œsophagus, vulva, tonsil, etc. Three were round celled sarcomata, two myeloid sarcomata, one melanotic sarcoma,—three rodent ulcers and two duct papillomata of the breast are also included here.

Under this heading comes a cyst, the wall of which showed the structure characteristic of *Taenia Echinococcus*.

This class of specimen does not call for any particular comment.

During the year under review a fair trial was given to Botelho's sero-diagnostic test for malignant disease, but the results obtained have not been such as to justify the expectations raised by the introduction of this test and accordingly for routine purposes it has been abandoned.

Under the heading "Miscellaneous" are included specimens of:—

Cerebro-Spinal Fluids,
Fæces,
Secretions from eye,
Blood Cultures,
Blood for Sugar content,
Vomits and Gastric contents,
Cystic and other Fluids, etc.

This group also includes experiments carried out on animals under 39 and 40 Vic. Cap. 77, Certificates A3 and B1, licence for which has been granted to me by the Home Secretary. The experiments included inoculations for the detection of *B. Tuberculosis*, *B. Anthracis*, etc., and were reported to the Home Office on 31st December, 1924.

DAIRIES, COWSHEDS AND MILKSHOPS.

Periodical visits are paid to these premises throughout the County. More frequent inspections on the matter of sanitary conditions, with suggestions for improvements and practical advice upon details of cleanliness, are greatly needed; particularly does this apply to Rural Authorities as far as Cowsheds are concerned, and to Urban Authorities in regard to milk stores and milk shops.

That improvements to cowsheds can be effected by a policy of persistency is shown by the report of the St. Mellons Rural Council, which states that of the 59 premises repaired, 39 new floors were laid, and five new buildings erected to replace defective structures.

Milk continues to be sold from overcrowded general shops, where it is kept, often uncovered, in close proximity to objectionable odorous commodities. In one place, the County Sanitary Inspector reports, milk was stored, pending sale, in an anything but clean bedroom.

Local Councils will do well to keep in mind the powers given to them by Section 2 of the Milk and Dairies (Amendment) Act, 1922, whereby retailers can be removed from the register where the milk is likely to endanger the public health. There is now no reason why vendors should not in every way satisfy the Council's reasonable requirements as to cleanliness.

General improvement is reported as a result of the standard of requirements agreed upon at the Conference of District Medical Officers of Health and Sanitary Inspectors, held at Newport in 1923.

Five Licences, in respect of four farms, have been issued by the County Council under the Milk (Special Designations) Order, 1923, for the production of "Grade A" milk. These farms produce milk under the best possible conditions, and no falling away from the high level of proficiency demanded will be countenanced. Frequent visits are paid and the requisite sampling done.

Power to deal with the tuberculous cow is still withheld, but there is every reason to hope that the widespread agitation and the many representations made will lead to this too long delayed legislation being passed in the near future.

FOOD INSPECTION, SLAUGHTERHOUSES AND BAKEHOUSES.

The table giving the amounts of unsound foodstuffs condemned and destroyed in the various districts is attached, and it will be seen from the increased figures that more attention is being given to this all important phase of health administration.

It is becoming increasingly necessary that one Sanitary Inspector at least in each Urban area should also be a qualified Inspector of Meat and other Foods, and Councils are urged to give their attention to this need. It is an unfortunate fact that of the 32 Sanitary Inspectors in the Administrative County, only five are thus qualified. Two of these are in one area, viz., Bedwellty, while Aber-tillery, Mynyddislwyn and Risca have one each.

It is worthy of note that some Councils throughout the country have encouraged more efficient food inspection by an increment in the salary of Sanitary Inspectors who hold the Certificate for Meat and Food Inspection.

The figures in the table tell their own tale, and again the market towns of Pontypool, Monmouth and Chepstow show little or no activity in food inspection. An improvement in the case of the first-named town may be anticipated during the present year.

Table showing the amounts of Unsound Food condemned in the various Urban Districts:

DISTRICT.	Fish.	Meat.	Bottled and Tinned Foods, including Corned Beef, Milk, Fish, and Fruit.	Bacon.	Offal, etc.	Cooked Meat.	Fruit.	Miscellaneous (Vegetables chiefly).
Abercarn ...	...	174 lbs.	156 tins.	36 lbs.	...	...	...	...
Abergavenny ...	...	3 Carcases and parts	38 tins.	...	...	...	...	...
Abersychan ...	...	...	222 tins. 12 bottles	...	...	...	24 lbs. 24 pkts.	28 lbs. ...
Abertillery ...	...	416 lbs.	95 tins.	...	4 lbs.	24 lbs.	...	5 cwt.
Bedwas and Machen ...	...	2082 lbs.	91 tins.	...	...	...	...	...
Bedwellty ...	...	1008 lbs.	1413 tins. 144 botts.	47 lbs.	229 lbs.	450 lbs.	61 lbs.	2775 lbs. 55 tins.
Blaenavon ...	...	...	145 tins.	...	...	...	7 barrels	120 cabbages.
Caerleon ...	...	...	...	...	...	...	...	...
Chepstow ...	...	...	6 tins.	...	...	...	...	...
Ebbw Vale ...	...	1510 lbs.	14 tins.	...	...	...	10 boxes	1 ton 15 cwt.
Llanfrechfa Upper ...	...	...	...	...	...	...	...	...
Llantarnam ...	...	...	...	...	...	...	...	...
Monmouth ...	...	...	...	...	...	...	...	...
Mynyddislwyn ...	...	2202 lbs.	128 tins.	...	470 lbs.	...	...	...
Nantyglo and Blaina ...	...	48 lbs.	...	...	...	...	...	10½ doz. eggs.
Panteg ...	...	449 lbs.	284 tins. 42 pots.	...	...	...	...	8 lbs. 41 eggs.
Pontypool ...	...	...	...	...	...	...	...	...
Rhymney ...	...	...	127 tins, etc.	...	...	...	...	1 case eggs.
Risca ...	3½ cwt.	192 lbs.	315 tins.	...	...	...	...	...
Tredegar ...	120 lbs.	250 lbs.	102 lbs.	...	...	...	...	60 doz. bunches Rhubarb
Usk ...	...	...	...	...	...	...	...	...

Slaughterhouses are under continual supervision. Most Medical Officers of Health are now pressing for the provision of Public Abattoirs in their districts. Such premises with modern sanitation and with all slaughtering conducted under the direct supervision of the Council's officials, are unquestionably the only practical remedy for the unsatisfactory conditions which prevail in so many of our Urban areas. The proposed Meat Regulations will, it is hoped, provide for an all round tightening up.

Bakehouses are kept under continual supervision, and no serious defects have been reported during the year under review.

BLIND PERSONS ACT, 1920.

The scheme formulated by the Council for the Welfare of the Blind remains in operation. Under its provisions a grant of £350 per annum is paid to the Newport and Monmouthshire Blind Aid Society towards the cost of maintaining Home Workers and Home Teachers in the County.

A register is kept of the blind persons in the Administrative County and at the 31st March, 1925, there were 299 blind persons on the register. All of them have been visited by one of the Assistant Medical Officers for the purpose of obtaining a complete record and classification as required by the Ministry of Health.

The return shows that there were 181 males and 118 females who are blind within the meaning of the Act. In age periods they are as follows:—

0—5	5—16	16—21	21—30	30—40	40—50	50—60	60—70	70 & Upwards.
3	20	16	13	23	28	46	67	83

The following table shows the age periods in which blindness commenced:

0-1	1-5	5-10	10-20	20-30	30-40	40-50	50-60	60-70	70 & upwards	Unknown
41	12	18	19	21	28	36	34	48	25	17

Of the total of 299 and excluding those 16 years of age and under, 34 persons were employed, 14 trained, but unemployed; 27 under training, 30 had received no training but were trainable, and 171 were unemployable.

Cases of necessity amongst blind persons of the County are considered by the County Committee and grants were made during the financial year 1924-25 to 30 persons, the total amount of the grant being £409 13s. 7d.

RAINFALL.

Appended is a table giving the comparative rainfalls between various localities in the County during the year under review, and also for a series of past years.

Name of place at which records were taken.	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924
Abergavenny. ...	33'01	35'34	29'42	29'71	50'28	35'94	51'39	45'56	47'03	43'42	37'92	33'35	37'28	31'04	47'87	23'79	33'19	40'37	49'17
Abersychan, Glansychan House ...	46'09	55'20	44'90	49'98	66'41	49'92	69'00	63'82	69'95	57'6	63'85	52'38	56'93	51'84	69'10	38'98	56'47	63'37	70'40
Abertillery ...	51'19	63'4	53'21	60'89	79'65	66'92	84'64	66'71	72'26	56'73	63'24	52'91	58'79	49'1	71'24	40'99	52'47	55'75	71'19
Chepstow, The Cedars	31'94	33'61	28'82	35'29	36'46	31'82	49'98	34'80	40'92	35'81	46'07	32'81	36'9	37'54	42'12	23'55	37'85	35'85	49'28
Cwmcafn (Maesderwen)	—	—	—	—	—	—	—	—	—	—	—	—	—	47'4	64'15	33'91	49'16	51'83	67'58
Ebbw Vale ...	48'10	58'50	52'20	61'68	76'21	63'26	73'94	66'74	71'65	59'54	63'10	50'02	61'69	48'84	75'21	43'11	54'51	53'17	68'36
Henllys, Pantyreos Reservoir ...	50'31	53'61	45'94	54'84	59'04	52'92	70'68	60'05	62'41	52'62	59'85	46'59	59'74	50'02	63'93	37'57	55'64	58'26	74'91
Little Mill, nr. Pontypool ...	33'67	42'59	36'42	38'35	55'81	42'20	57'66	44'25	46'29	42'88	54'79	39'23	40'06	44'9	46'26	25'94	27'42	50'21	50'24
Newbridge, Troedy-rhiw Fawr ...	46'95	51'26	40'53	45'39	64'06	45'65	64'42	Not taken	Not taken	Not taken	Not taken	Not taken	Not taken	Not taken	Not taken	Not taken	Not taken	Not taken	Not taken
Pontypool, Maesderwen House, Pontymoile ...	43'55	52'17	41'53	49'77	64'97	48'25	71'75	Not taken	Not taken	Not taken	Not taken	Not taken	Not taken	Not taken	Not taken	Not taken	Not taken	Not taken	Not taken
Pontypool, Snatchwood Park ...	46'56	57'06	44'62	50'56	65'99	52'29	69'20	64'01	62'07	57'59	61'64	51'33	56'68	51'84	69'10	37'57	57'83	63'42	72'62
Treddegar, Redesdale House ...	53'37	—	50'14	—	69'64	60'12	74'47	61'09	61'51	51'4	—	41'95	50'44	40'8	51'70	27'49	45'82	60'73	65'67
Wentwood, Newchurch Gathering Ground ...	38'49	42'82	35'80	40'94	48'35	39'55	56'17	45'43	48'64	42'37	47'38	40'07	47'6	43'26	49'85	29'33	47'22	45'04	62'26
Wentwood Reservoir ...	35'42	36'84	31'57	37'31	41'59	34'73	48'96	39'17	42'32	37'55	44'50	37'22	43'67	41'14	46'13	25'71	42'52	41'88	57'16

VITAL STATISTICS FOR THE YEAR 1924.

DISTRICT	ESTIMATED POPULATION.	BIRTHS								DEATHS				INFANTILE MORTALITY.				Zymotic Death-rate per 1000 of estimated population.	Tubercular Death-rate per 1000 of estimated population (including Phthisis and other Tubercular diseases).	Respiratory diseases Death-rate per 1000 of estimated population.	Medical Officer of Health	
		LEGITIMATE		ILLEGITIMATE		TOTAL		GRAND TOTAL	Rate per 1000 of population	Male	Female	Total	Rate per 1000 of population	TOTAL DEATHS UNDER ONE YEAR								
		Male	Female	Male	Female	Male	Female							Legitimate.	Illegitimate	Total.	Rate per 1000 births.					
URBAN.																						
Abercarn	...	21140	269	249	8	6	277	255	532	20.4	122	95	217	10.3	43	2	45	84.6	.71	.57	2.79	E. M. Griffith, M.D., C.M., Abercarn
Abergavenny	...	9123	90	76	5	4	95	80	175	19.2	67	40	107	11.7	9	...	9	51.4	.22	.88	1.21	W. D. Steel, M.D., D.P.H., Abergavenny
Abersychan	...	29010	324	277	4	8	328	285	613	21.1	143	126	269	9.3	42	1	43	70.1	.21	.59	2.17	R. J. S. Verity, L.S.A., L.M.S.S.A., Garndiffaith
Abertillery	...	39520	406	389	12	8	418	397	815	20.6	192	183	375	9.5	64	5	69	84.7	.61	.78	1.92	T. Baillie Smith, M.B., Ch.B., D.P.H., Abertillery
Bedwas and Machen	...	9380	134	127	3	1	137	128	265	28.2	72	45	117	12.5	29	1	30	113.2	.75	1.28	2.13	B. O. Barnard, M.B., C.M., Machen
Bedwellty	...	33610	471	438	17	16	488	454	942	28.0	180	146	326	9.7	75	4	79	83.9	.54	.65	1.99	D. Rees Roberts, M.B., New Tredegar
Blaenavon	...	13120	136	140	4	3	140	143	283	21.6	117	94	211	16.1	36	...	36	127.2	.3	.53	3.28	J. Reynolds, M.B., B.Ch., B.A.O., Blaenavon
Caerleon	...	2307	16	7	—	—	16	7	23	10.0	13	11	24	10.4	1	...	1	43.5	...	1.3	1.73	E. A. I. Phillips, M.R.C.S., L.R.C.P., Caerleon
Chepstow	...	5140	65	42	1	2	66	44	110	21.4	32	32	64	12.5	9	1	10	90.9	.59	.59	2.55	T. L. Drapes, M.R.C.S., L.R.C.P., B.A., Chepstow
Ebbw Vale	...	37110	443	406	9	11	452	417	869	23.4	215	179	394	10.6	60	...	60	69.0	.43	.86	2.61	F. M. Fonseca, F.R.C.S., D.P.H., Ebbw Vale
Llanfrechfa Upper	...	4908	50	36	2	—	52	36	88	17.9	38	29	67	13.7	5	...	5	56.8	...	1.63	2.44	A. W. Hayles, M.R.C.S., L.S.A., Upper Pontnewydd
Llantarnam	...	7906	95	95	1	2	96	97	193	24.4	40	44	84	10.6	10	...	10	51.8	.25	1.01	2.28	F. Carlton Jones, M.B., Ch.B., Cwmbran
Monmouth	...	5032	42	42	3	2	45	44	89	17.7	33	42	75	14.9	5	...	5	56.2	.2	1.19	2.19	W. H. Williams, M.R.C.S., L.R.C.P., B.A., Monmouth
Mynyddislwyn	...	15830	179	192	5	4	184	196	380	24.0	85	68	153	9.7	24	1	25	65.8	.13	1.01	1.96	R. E. Roberts, M.B., Cwmfelinfach
Nantyglo and Blaina	...	16950	179	153	12	6	191	159	350	20.6	95	65	160	9.4	24	...	24	68.6	.29	.59	1.83	T. W. Bevan, M.R.C.S., L.R.C.P., Nantyglo
Panteg	...	11560	119	115	4	—	123	115	238	20.6	66	43	109	9.4	13	1	14	58.8	.26	.78	3.03	T. J. McAllen, M.B., B.Ch., Pontypool
Pontypool	...	7489	95	83	3	1	98	84	182	24.3	37	37	74	9.9	9	...	9	49.5	.27	.53	2.67	Do. do.
Rhymney	...	12310	155	140	3	5	158	145	303	24.6	82	75	157	12.8	29	...	29	95.7	.89	.97	2.19	R. V. de A. Redwood, F.R.C.S., L.R.C.P., Rhymney
Risca	...	17750	193	198	5	6	198	204	402	22.6	87	87	174	9.8	25	2	27	67.1	.62	1.3	1.69	N. N. Wade, M.D., Ch.B., Risca
Tredegar	...	26380	306	296	11	13	317	309	626	23.7	165	102	267	10.1	40	6	46	73.5	.23	1.25	1.67	E. T. H. Davies, M.D., M.S., F.R.C.S., Tredegar
Usk	...	1425	9	6	—	—	9	6	15	10.5	8	3	11	7.7	1	...	1	66.6	...	...	...	E. L. M. Hackett, L.R.C.P., L.R.C.S., Usk
RURAL.																						
Abergavenny	...	9386	75	81	—	5	75	86	161	17.2	48	44	92	9.8	7	1	8	49.7	.11	.85	1.07	E. Y. Steele, L.R.C.P., Abergavenny
Chepstow	...	9874	82	81	3	6	85	87	172	19.4	39	57	96	10.8	9	1	10	58.1	.11	.9	1.35	T. L. Drapes, M.R.C.S., L.R.C.P., B.A., Chepstow
Magor	...	5797	59	57	1	2	60	59	119	20.9	32	24	56	9.8	7	...	7	58.9	...	1.05	1.4	E. A. I. Phillips, M.R.C.S., L.R.C.P., Caerleon
Monmouth	...	6672	51	62	2	3	53	65	118	17.7	57	49	106	15.9	13	1	14	118.6	...	2.4	1.95	W. H. Williams, M.R.C.S., L.R.C.P., B.A., Monmouth
Pontypool	...	5451	45	42	1	5	46	47	93	17.1	32	23	55	10.1	2	...	2	21.5	...	1.28	1.1	E. L. M. Hackett, L.R.C.P., L.R.C.S., Usk
St. Mellons	...	11250	120	86	2	4	122	90	212	18.8	72	50	122	10.8	15	...	15	70.8	.36	.89	1.42	N. N. Wade, M.D., Ch.B., Risca
Grand Totals, 1924	...	374340	4208	3916	121	123	4329	4039	8368	22.3	2169	1793	3962	10.6	606	27	633	75.6	.38	.88	2.08	
Totals for Year 1923	...	371100	4312	4151	144	130	4456	4281	8737	23.5	2083	1777	3860	10.4	611	27	638	73.0	.85	.86	1.58	

